

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

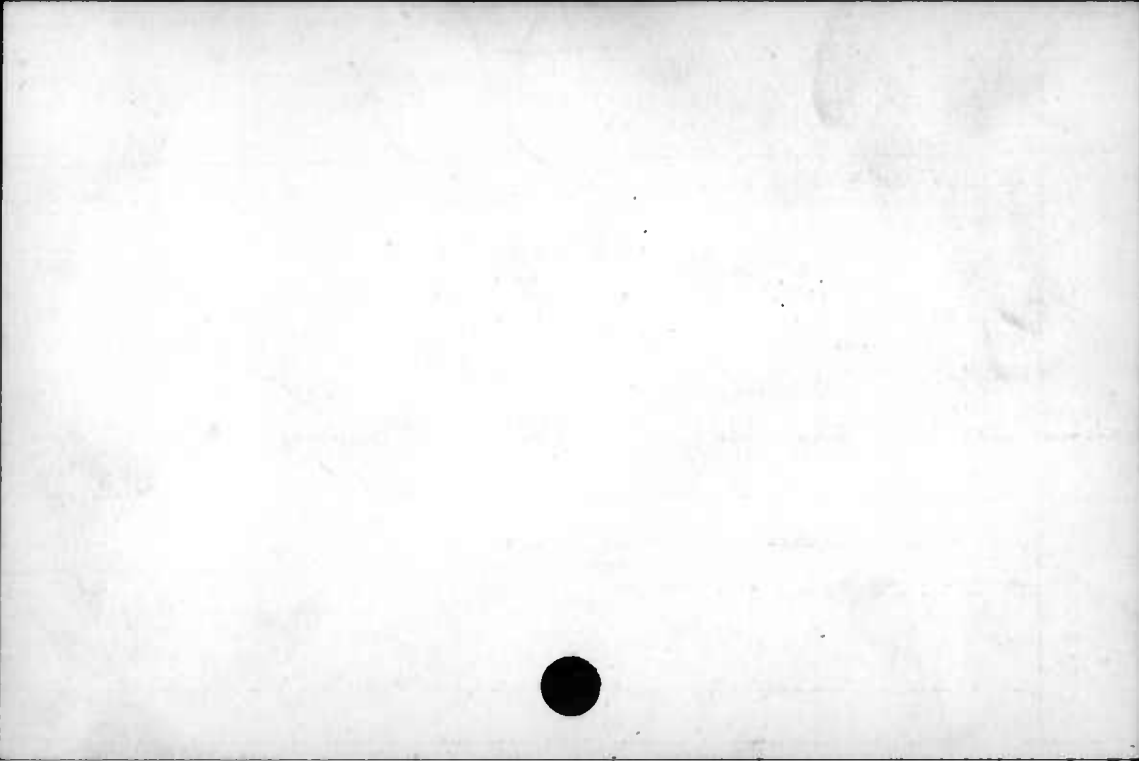
Name <i>Leah M. Antkeney</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>7</i>		Day <i>3</i>		Years <i>74</i>	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>3</i>		Years <i>74</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth place <i>md.</i>			
Occupation <i>H. W.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Husband <i>Calvin Antkeney</i>					
Father's Name <i>Philip Shindell</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Mary Ann Hake</i>		Mother's Birthplace <i>Penna</i>					
Name of person giving information <i>A. A. Antkeney</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

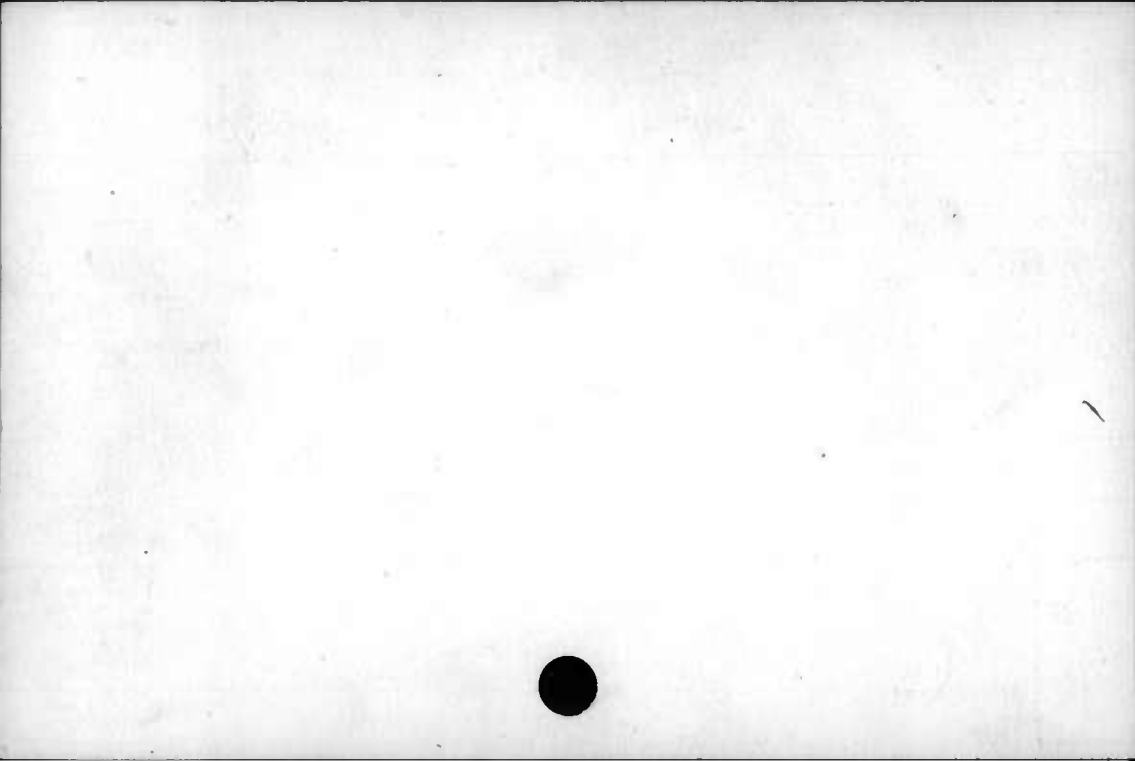
40

PHYSICIAN
OR CORONER

Primary	<i>Cancer of stomach</i>	How long	<i>—</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. H. Hoffman</i>	
		Address <i>17 W. Wash. St</i>	
Accident or Suicide? <i>—</i>		<i>Hagerstown</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hagerstown		Washington		MARYLAND					
		Date of death		1907	Month Sept	Day 9	Age		Years	Months 4	Days		
		Sex		Male		Color or Race		White		Birth- place			
		Occupation				Where Residing if not at place of death		Hagerstown					
		Married, Single or Widowed				Name of Wife or Husband							
		Father's Name		Harry M. Bailey		Father's Birthplace		Chambersburg					
		Mother's Maiden Name		Blanche Small		Mother's Birthplace		Don't know					
		Name of person giving In formation		Father		How related to deceased							
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Cholera Infantum				How long		1 day			
		Immediate		Tox: caemia				How long		"			
		Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician		Victor D. Smith	
						Address				Hagerstown, Md			
		Accident or Suicide?				no							



Name
in
Full

Theodore Roosevelt Bee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

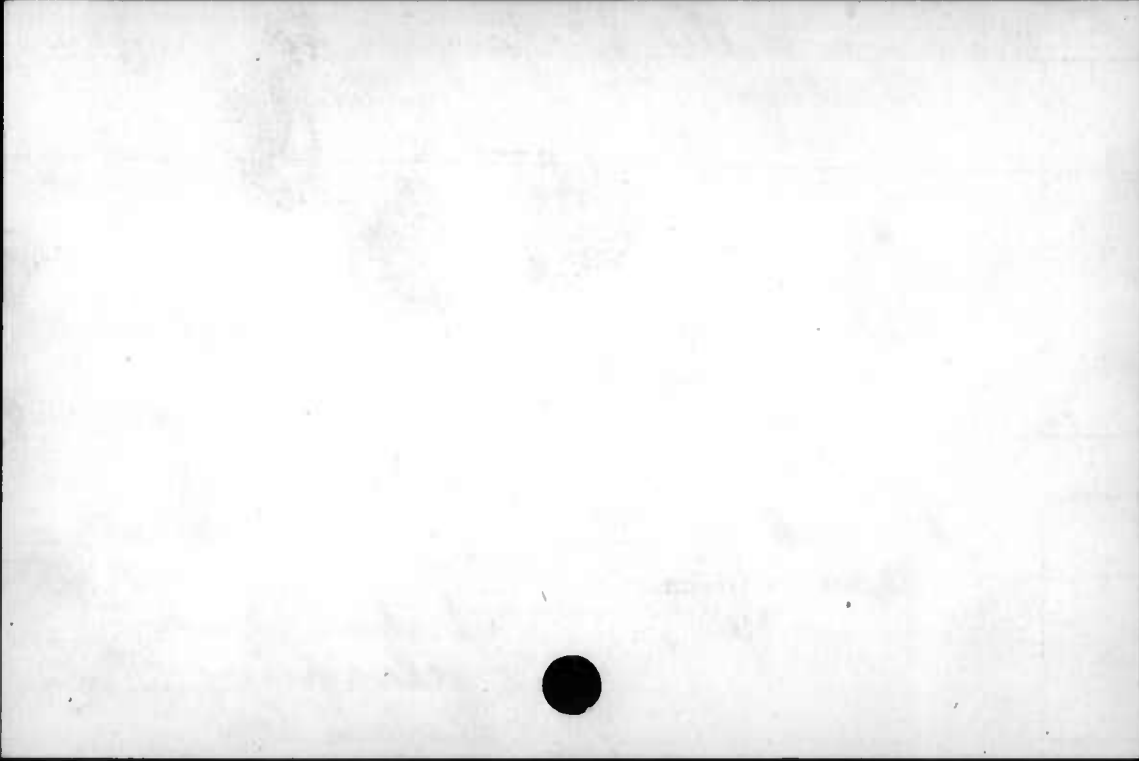
Died at		Town <i>Smithsburg</i>		County <i>Washington</i>		MARYLAND	
Date of death		190	7	9	Month	5	Day
Sex		<i>Male</i>		Color or Race		<i>Colored</i>	
Occupation				Where Residing if not at place of death		<i>Smithsburg</i>	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		<i>Unknown</i>		Father's Birthplace		<i>Unknown</i>	
Mother's Maiden Name		<i>Norah Bee</i>		Mother's Birthplace		<i>Virginia</i>	
Name of person giving information		<i>Mother</i>		How related to deceased			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>One Month</i>
Immediate	<i>"</i>	How long	<i>21</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<input checked="" type="checkbox"/>		<i>E. Tracy Bishop M.D.</i>	
		Address	
		<i>Smithsburg Md</i>	
Accident or Suicide?			



Name
In
Full

Virginia Miller Billmeyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Charlton

Town

County

Wash

MARYLAND

Date

of death

1907

Month

Sept

Day

15

Age

Years

X

Months

10

Days

5

Sex

Female

Color or
Race

White

Birth
place

Berkley Co W. Va.

Occupation

X

Where Residing if not
at place of deathMarried, Single
or Widowed

X

Name of Wife or
Husband

X

Father's
Name

Archie Billmeyer

Father's
Birthplace

Berkley Co W. Va.

Mother's
Maiden Name

Leta B. Miller

Mother's
Birthplace

" "

Name of person giving
information

[Signature]

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Diarrhoea

How long

1 month

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

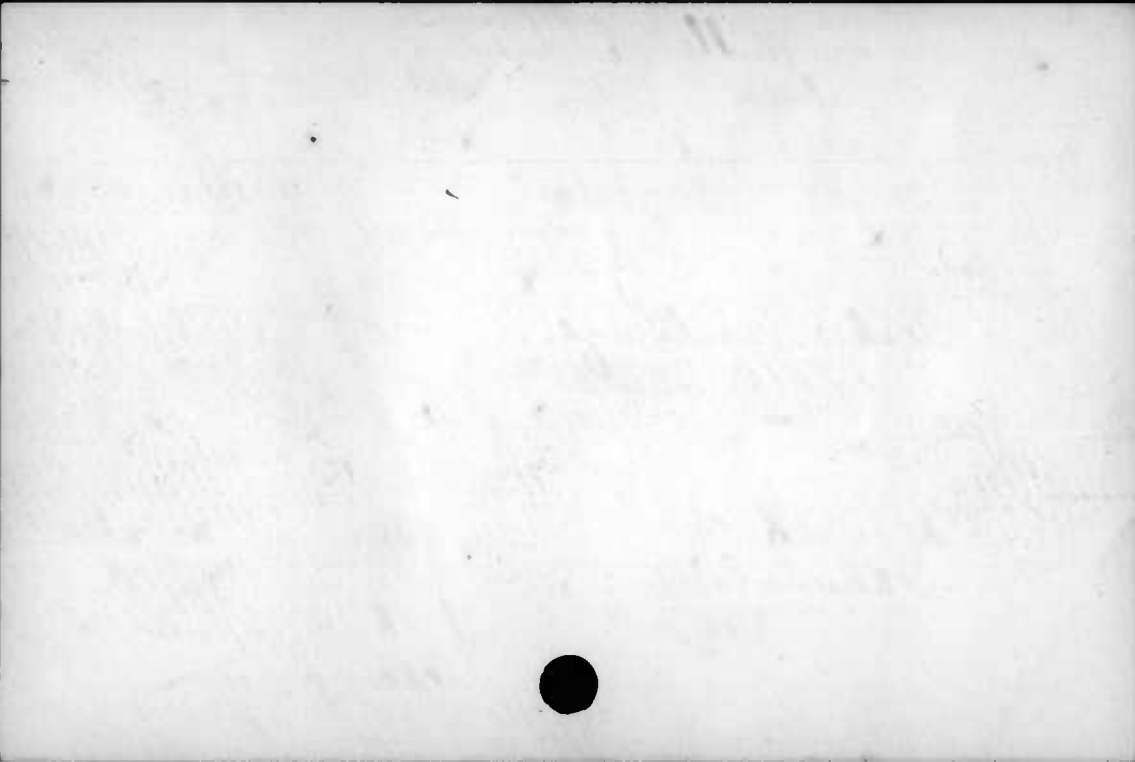
Signature of
Physician

Abraham Shauk

Address

Leespring
Wash. D.C.

Accident or Suicide?



Name
in
Full

Emma S Brumbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		<i>Wash.</i>		MARYLAND	
Date of death <i>1904</i>		Month <i>Sept.</i>		Day <i>7</i>		Age <i>39</i>		Months <i>5</i> Days <i>24</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>					
Occupation <i>N. W.</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John Brumbaugh</i>							
Father's Name <i>Daniel Gordon</i>		Father's Birthplace <i>Perma</i>							
Mother's Maiden Name <i>Katherine Koontz</i>		Mother's Birthplace <i>Ind.</i>							
Name of person giving information <i>John Brumbaugh</i>		How related to deceased <i>husband</i>							

Caused by a fall from a barrel causing a miscarriage.

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Septic Peritonitis puerperal</i>		How long <i>4 weeks.</i>	
Immediate <i>Exhaustion and traumatic.</i>		How long <i>2 weeks.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John W. ...</i>	
		Address <i>Hager. Ind.</i>	
Accident or Suicide? <i>no</i>			

Green castle Pa

Name
in
Full

George Edward, Bukar P.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

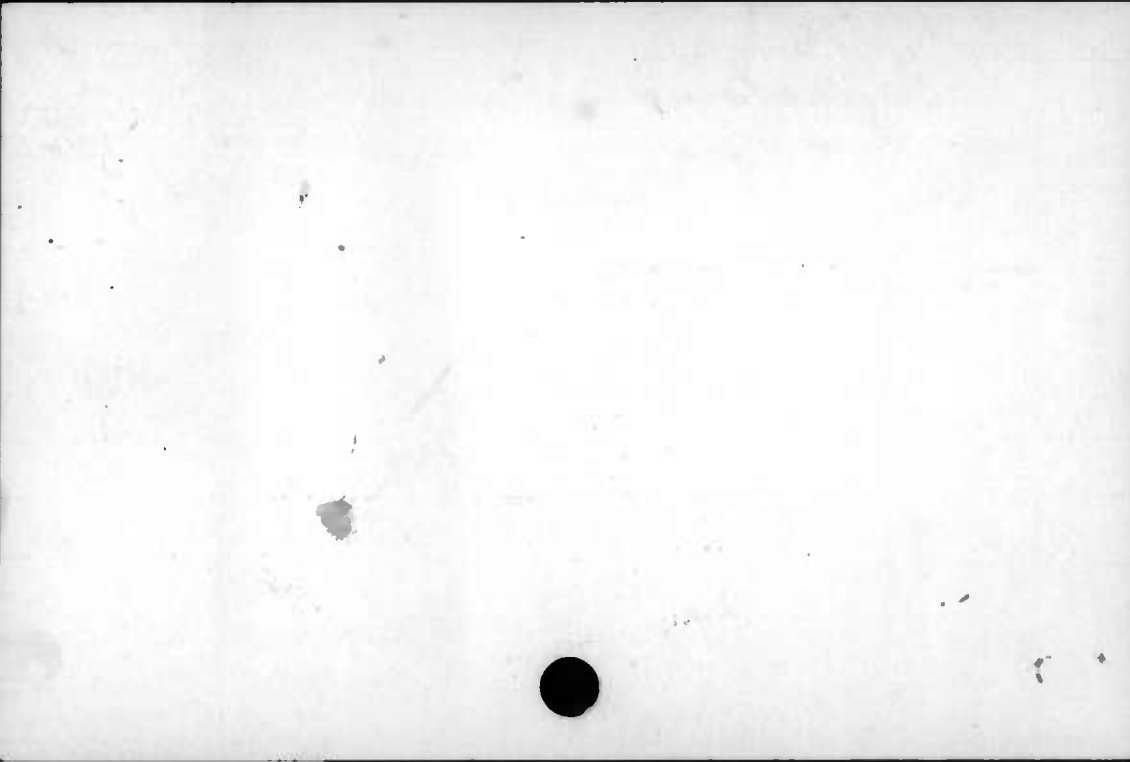
Died at <u>Clear Spring</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1907	Month	5	Day	23
Age	27	Months	—	Years	27
Sex	Male	Color or Race	White	Birth-place	Clear Spring
Occupation	Laborer	Where Residing if not at place of death <u>Clear Spring</u>			
Single					
Father's Name	Wm Bukar P.	Father's Birthplace	Pennsylvania		
Mother's Maiden Name	Elizabeth Knable	Mother's Birthplace	Maryland		
Name of person giving information	Elizabeth Knable	How related to deceased	Mother		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Lacerated wound of P. & B. Bone.	
Immediate	Shock & Hemorrhage	
Are the name, age, sex, color, date and place correctly given above?	Yrs.	Signature of Physician
		Address
		Dr. H. C. Foster
		Clear Spring
Accident or Suicide?	Fell 16 ft in barn & impaled on pitch fork handle	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ruth Bryan</i>		Town <i>Haycraft</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Haycraft</i>		Month <i>7</i>		Day <i>21</i>		Years <i>9</i>	
Date of death <i>1907</i>		Age <i>9</i>		Months <i>9</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Frank Bryan</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Josephine Fisher</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Frank Bryan</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>1 week</i>	
Immediate <i>Exhaustion</i>		How long <i>.. ..</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Victor Smith</i>	
Accident or Suicide? <i>no</i>		Address <i>Haycraft MD</i>	



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss Nora N. Barnes</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Sept.</i>		Day <i>19</i>		Years <i>17</i>	
Date of death <i>1907</i>		Month <i>Sept.</i>		Day <i>19</i>		Age <i>17</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>md.</i>		Months <i>2</i>	
Occupation <i>School-girl</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>John E. Barnes</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Ida M. Deilbrin</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>J. E. Barnes</i>		How related to deceased <i>father</i>					
CAUSES OF DEATH							

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>one year</i>
Immediate <i>phthisis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. Barnes</i>
Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>no</i>	

Thurmont, Frederick Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

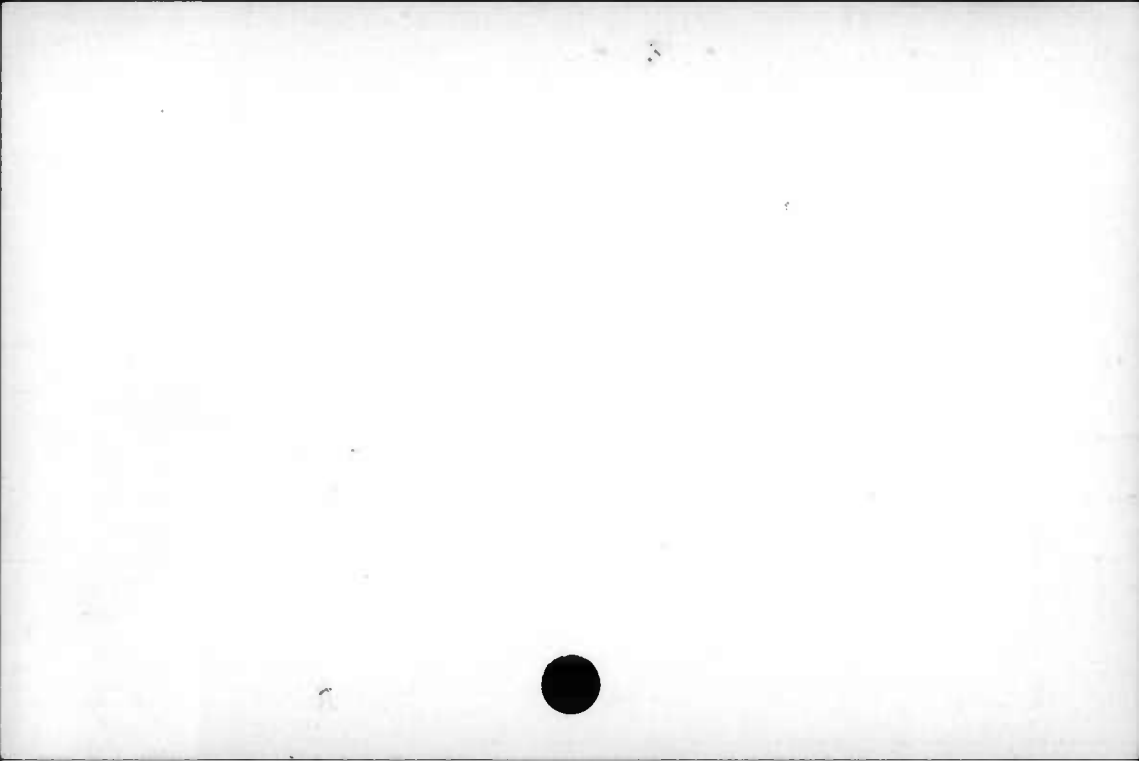
Died at <i>Chewsville</i> Town		<i>Stash.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>29</i>	Age <i>11</i> Years	Months <i>2</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Trabe Bolomva</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Chewsville Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Madgie Marie Lorable</i>				
Father's Name <i>S. A. Lorable</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>F. A. Landes</i>	Mother's Birthplace <i>Mt Sidney Va.</i>				
Name of person giving information <i>S. A. Lorable</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary <i>Meningitis et Enteritis</i>	How long <i>2 weeks</i>
Immediate <i>Collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm A. Quinn M.D.</i>
	Address
Accident or Suicide?	



Name
in
Full

Abraham Crum.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near leave town</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>26</i>	Age <i>81</i>	Years	Months	Days <i>27</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Lagerstown</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>near leave town</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Abraham Crum.</i>				
Father's Name <i>Abraham Crum.</i>			Father's Birthplace <i>Don't Know.</i>				
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace " "				
Name of person giving information <i>Annie Crum.</i>			How related to deceased <i>Wife.</i>				

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Dry Gangrene of legs</i>	How long <i>6 Mo</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr M D Kefauver</i>
	Address <i>Smithsburg Maryland.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>10</i>	Day <i>28</i>	Age <i>68</i>	Months <i>7</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Hagerstown Md</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Daniel P. Lamb</i>				
Father's Name <i>George L. Lamb</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Mrs. A. B. Lamb</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mrs. A. B. Lamb</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long <i>66</i>
Immediate	<i>Paralysis</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. M. Scott</i>
		Address <i>Hagerstown Md.</i>
Accident or Suicide?		

Watkins

9/29

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

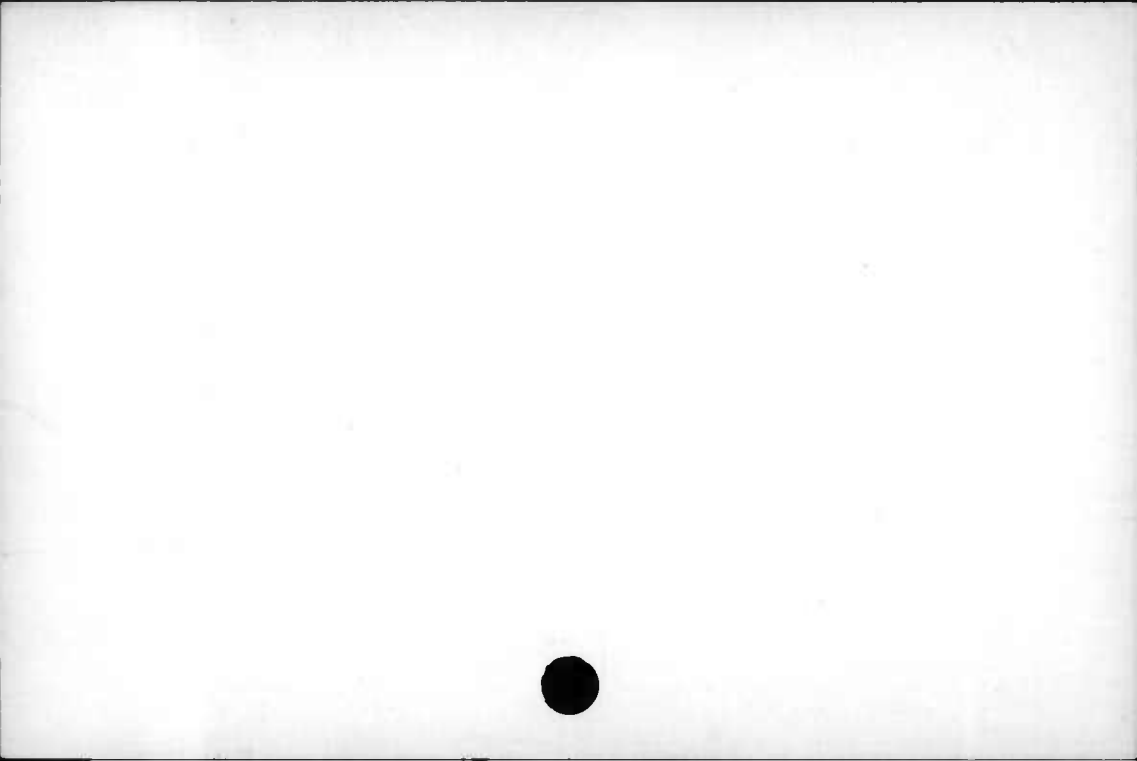
Name in Full <i>Mary B. Daugherty</i>		Town <i>Telghmanton</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Telghmanton</i>		Month <i>Sept</i>		Day <i>13</i>		Years <i>13</i>	
Date of death <i>1907</i>		Months <i>3</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>child</i>		Where Residing if not at place of death <i>at home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Geo. A. Daugherty</i>		Father's Birthplace <i>Fairplay Md.</i>					
Mother's Maiden Name <i>Mallie Bloom</i>		Mother's Birthplace <i>Telghmanton md</i>					
Name of person giving information <i>Mrs. Mallie Daugherty</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>convulsions</i>	How long	
Immediate	<i></i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. M. Reichard</i>	
		Address	
		<i>Fairplay.</i>	
Accident or Suicide?			



Name
in
Full

Mary Dyck

CERTIFICATE OF DEATH

State
MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sharpsburg		County Hatch			
Date of death		1907	Month 9	Day 17	Age 79	Years	Months 7
Sex Female		Color or Race White		Birth place Sharpsburg Manor			
Occupation None		Where Residing if not at place of death Sharpsburg					
Married, Single Married		Name of Wife or Husband None					
Father's Name John Dyck		Father's Birthplace Don't know					
Mother's Maiden Name Rosa Warfield		Mother's Birthplace Harpers Ferry					
Name of person giving In formation Sallie A Dyck		How related to deceased Sister					

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	
Immediate	General Debility	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. W. Gansett	
Address		Sharpsburg, Md.	
Accident or Suicide?			

Length of Grave 7 ft Long
Width 30 inches

L E Suman & Son

Name
in
Full

Mary Fletcher (Winches)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bee Ridge Summit Md		County Washington		MARYLAND	
Date of death		1907	Month Sept	Day 2	Age 2	Years 6	Months —
Sex M		Color or Race C		Birth-place Bee Ridge Summit Md		Days —	
Occupation —				Where Residing if not at place of death at place of death			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Not known				Father's Birthplace Not known			
Mother's Maiden Name Mary Fletcher				Mother's Birthplace Winchester Va			
Name of person giving information Mrs Mc Comas				How related to deceased Not at all			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Premature Birth		How long — 2 months pre
Immediate Heart failure		How long a few minutes
Are the name, age, sex, color, date and place correctly given above? yes -		Signature of Physician Henry B. Howard Md
Address Bee Ridge Summit Md		
Accident or Suicide? 9		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Daryan</i>		Town <i>Washington</i>		County <i>Washington</i>	
Date of death <i>1907</i>		Month <i>Sept.</i>	Day <i>28th</i>	Age <i>58</i>	Years <i>4</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Penn.</i>	
Occupation <i>Lumber</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Jane Johnson</i>			
Father's Name <i>unknown</i>		Father's Birthplace			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace			
Name of person giving information <i>Wm. Quinn</i>		How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Chronic Intestinal Catarrh</i>	How long	<i>Several years</i>
Immediate	<i>Diarrhea</i>	How long	<i>about 2 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. J. Garrett</i>	
		Address	
		<i>Chapshury, Ind.</i>	
Accident or Suicide?			

Undertaker
John M. Author

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Jair Goff*
Belvoir ^{Town} *Washington* ^{County}Date
of death *1907* ^{Month} *Sept*^{Day} *8* ^{Years} *72* ^{Age}

Months

Days

Sex *Female*Color or
Race *white*Birth-
place *Washington D.C.*Occupation *H. W.*Where Residing if not
at place of death*Rollersville Md.*Married, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *Adam Goff*Father's
Birthplace *Wash. Co. Md.*Mother's
Maiden Name *Charlotte Kretzing*Mother's
Birthplace *" " "*Name of person giving
information *Mrs D. H. Hager*How related
to deceased *none*

CAUSES OF DEATH

(66)

Primary *Paralysis*How long *1 year*Immediate *Stimulity* *Exhaustion*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *M. B. Monahan*
Address *Hagerstown Md.*Accident or Suicide? *no.*

Brining & Bass L. L. L.
Bromberg, Md.
Rohrville,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sharpsburg</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>7</u> ^{Month} <u>3</u> ^{Day}		Age <u> </u> ^{Years}		<u>3</u> ^{Months} <u>17</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Sharpsburg</u>	
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Alexander Gray</u>		Father's Birthplace <u>Sharpsburg</u>			
Mother's Maiden Name <u>Ida M. Watson</u>		Mother's Birthplace <u> </u>			
Name of person giving information <u>Alexander Gray</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malnutrition</u>	How long <u>About 3 mos.</u>
Immediate <u>Comminution</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. M. Ginnott</u>
<u>9</u>	Address <u>Sharpsburg Md.</u>
Accident or Suicide? <u>9</u>	

Chas. S. Wade
undertakes

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Catherine Griffith*

Died at *Hagerstown* Town *Washington* County

DATE of death 1907 *9* Month *12* Day *7* Years *3* Months *16* Days

Sex *Female* Color or Race *white* Birth-place *Hagerstown*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband _____

Father's Name *John H. Griffith* Father's Birthplace *Md.*

Mother's Maiden Name *Kate Burger* Mother's Birthplace *Md.*

Name of person giving information *Kate Griffith* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Shock* *(167)* How long *28 hours*

Immediate *accidental scalds* How long _____

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. Charles M.D.*

Address *Hagerstown Md.*

Accident or Suicide? *Accident* *30 E. Antietam St.*

Watkins

Sept. 14

Name
in
Full

Isaac. Grove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Puesburg		County Washington		State MARYLAND	
Date of death 190		7	Month Sept	1	Day	72	Age
		3	Months	19	Days		
Sex Male		Color or Race White		Birth- place Puesburg			
Occupation Millwright		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband Sophia Grove					
Father's Name Daniel Grove		Father's Birthplace Puesburg					
Mother's Maiden Name Lydia Grove		Mother's Birthplace Puesburg					
Name of person giving In formation Isaac D Grove		How related to deceased Son					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Senile Debility		How long Six months	
Immediate Prostration		How long a few days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. S. Richardson	
Address Williamport			
Accident or Suicide? No			

Isaac Brown June 20 -
73 - 19 - 1st

Isaac Brown Hag - Belmont

Isaac D " Home

Lydia M. C. Towne

Jos. B. - "

E. Myers M. Astor

Norman Towne

Funeral Tuesday - 1³⁰ at 11

Rev. G. B. West -

Interment R -

Name
in
Full

CERTIFICATE OF DEATH

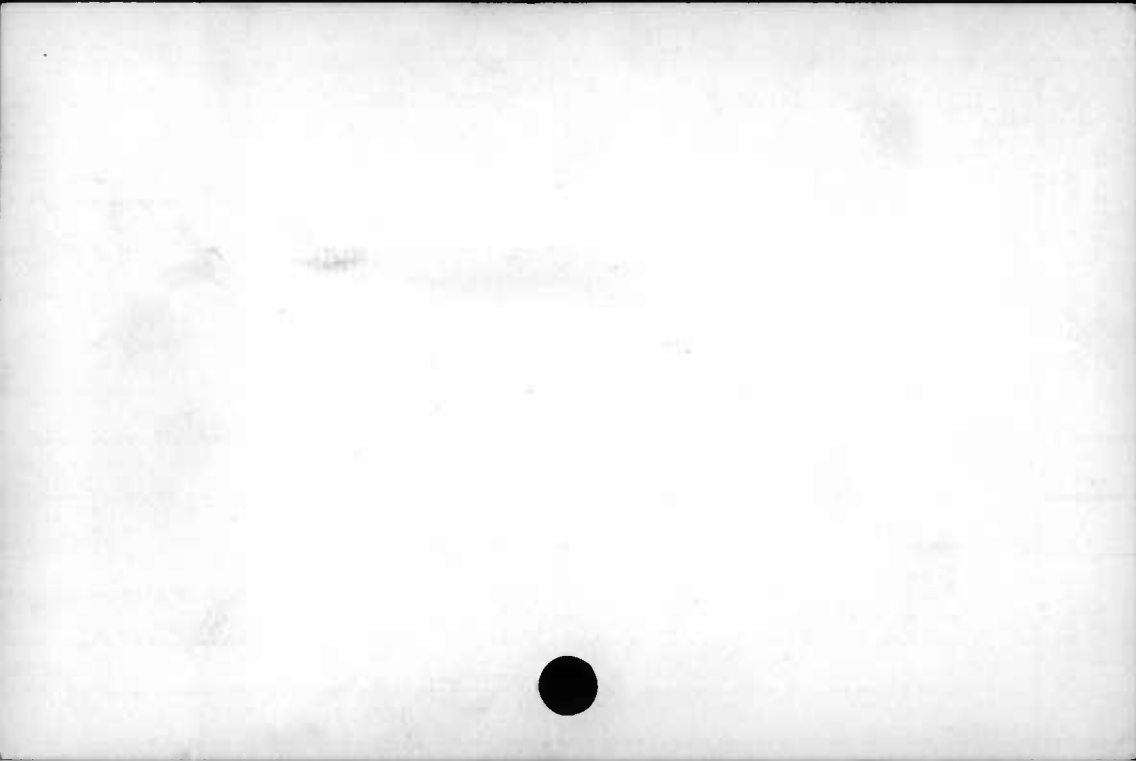
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Myrtle Grace Grove</i>		Town <i>Wilson's</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Wilson's</i>		<i>1907 Sept. 5</i>		<i>5</i>		<i>3</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Wilson's</i>		Days <i>26</i>	
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>John I. Grove</i>			
Father's Name <i>John I. Grove</i>				Father's Birthplace <i>Wilson's</i>			
Mother's Maiden Name <i>Annie Renner</i>				Mother's Birthplace <i>Wilson's</i>			
Name of person giving Information <i>John I. Grove</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Theo. Boose</i>
<i>7</i>	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

Malcolm Rags Hainers

Town

County

Died at *Smithsburg*

Washington

MARYLAND

Date of death *1907 Sept*

Day

9

Years

Age

26

Months

Days

Sex

Male

Color or Race

White

Birth-place

Wash. Co. Md.

Occupation

Real Estate

Where Residing if not at place of death

Ballo Md.

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Jos. R. Hainers

Father's Birthplace

Lancaster Co. Pa

Mother's Maiden Name

Elizabeth Jaegers

Mother's Birthplace

Wash Co. Md.

Name of person giving information

Lancaster Jaegers

How related to deceased

Uncle

CAUSES OF DEATH

159

Primary

Chronic Indigestion

How long

Two years

Immediate

Suicide with revolver

How long

Instant

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. M. D. Kefauver

Address

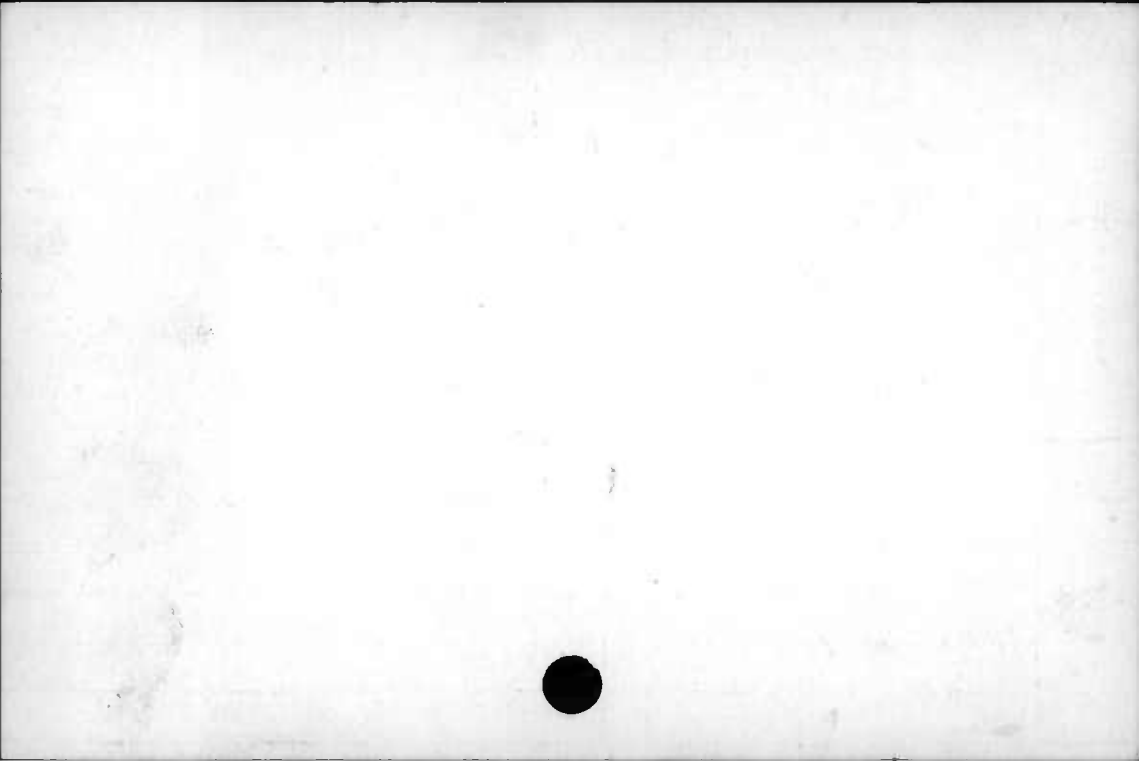
Smithsburg

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not a Suicide?

Maryland



Name
in
Full

Matty Hemling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Middleburg</i>		Town <i>Middleburg</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>11</i>	Age <i>36</i>	Years	Months <i>1</i>	Days <i>11</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Washington Co Md</i>				
Occupation <i>House wife</i>	Where Residing if not at place of death <i>near Middleburg</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Geal Hemling</i>						
Father's Name <i>Sol. W Martin</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Anna Martin</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving information <i>Geal Hemling</i>	How related to deceased <i>—</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute Peritonitis</i>	How long <i>2 weeks</i>
Immediate <i>Chronic Endocarditis Rheumatism</i>	How long <i>1-2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Prastner Miller</i>
Indefinite cause, unless peritonitis resulted from chronic gastritis? <i>no</i>	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>no</i>	

Reiffa, Md.



1

Name
in
Full

William Morris Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlton</i>		County <i>Wash.</i>		MARYLAND			
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>9</i>	Age <i>X</i>	Years <i>9</i>	Months <i>6</i>	Days <i>6</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Charlottesville W. Va</i>
Occupation	<i>X</i>			Where Residing if not at place of death			<i>X</i>
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband <i>X</i>				
Father's Name	<i>Cyrus H. Herbert</i>					Father's Birthplace	<i>Berkley Co. W. Va</i>
Mother's Maiden Name	<i>Anna Taylor</i>					Mother's Birthplace	<i>Centerville Pa</i>
Name of person giving information	<i>Mother</i>					How related to deceased	

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	<i>Acute Entero-Colitis</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	

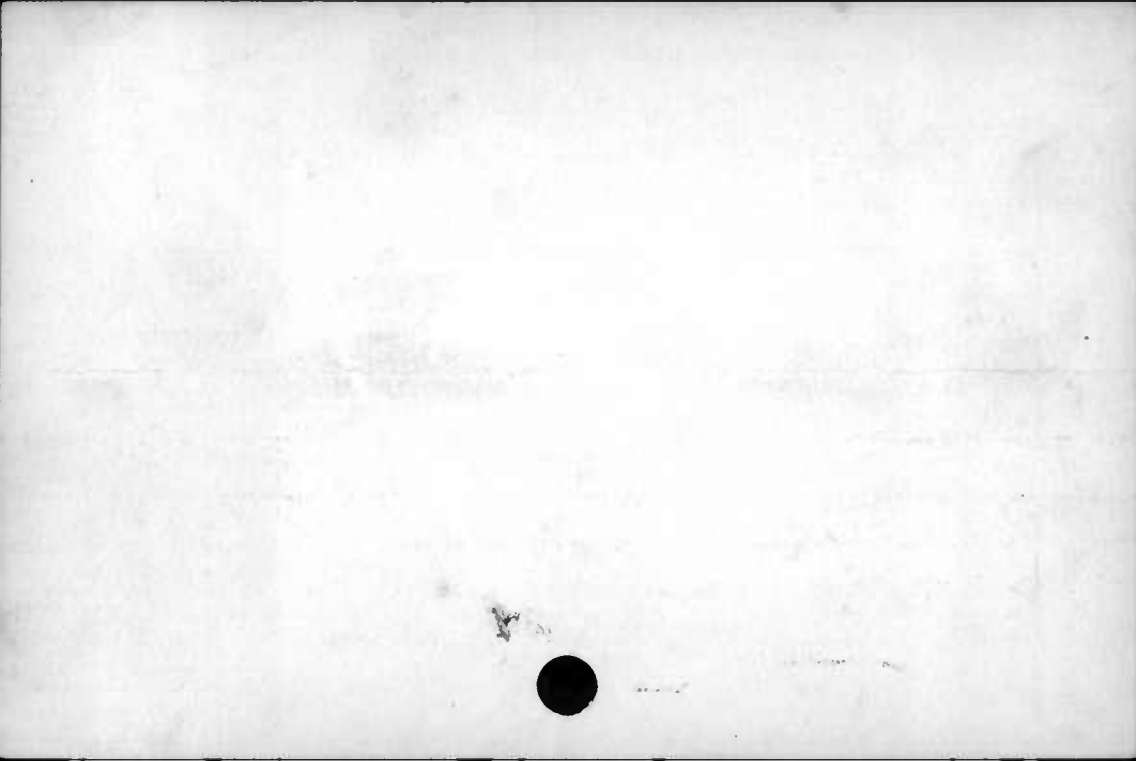
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*E. J. Mason**Clearspring,
Maryland*



Name
In
Full

CERTIFICATE OF DEATH

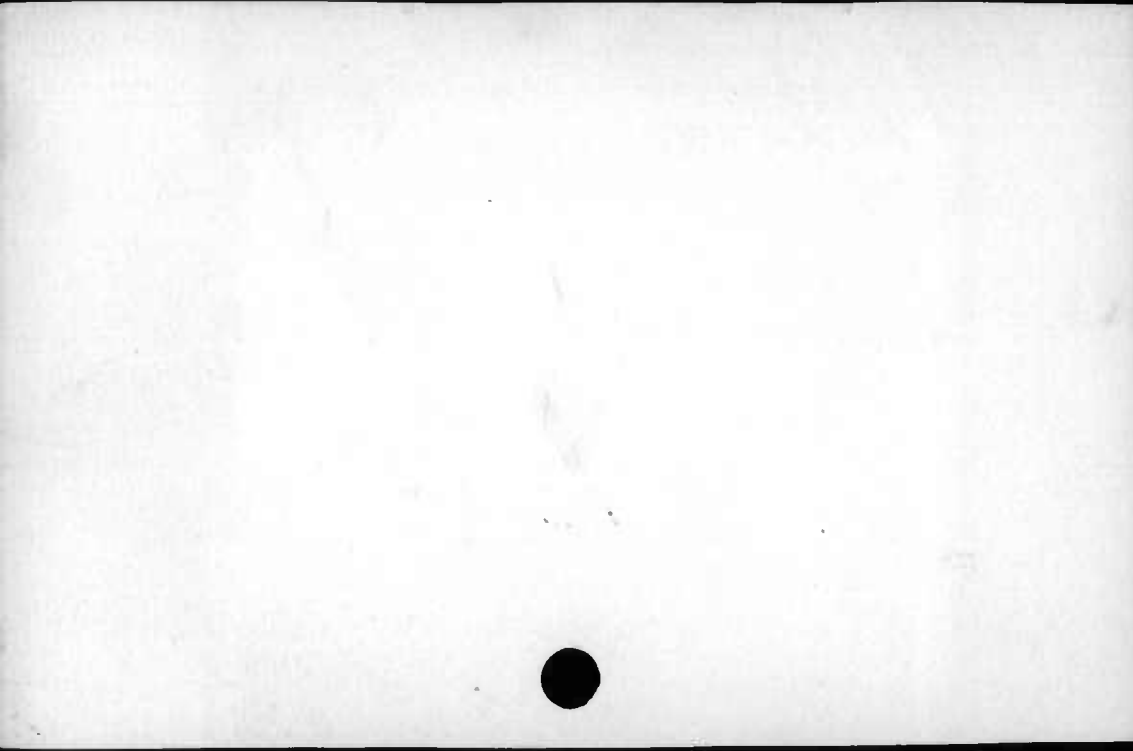
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boonsboro</i>		County <i>Washington</i>		TOWN <i>Boonsboro</i> MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>19</i>	Age <i>6</i>	Years <i>6</i>	Months <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fred. Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George Houpt</i>			Father's Birthplace <i>Fred. Co</i>		
Mother's Maiden Name <i>Edna Hynes</i>			Mother's Birthplace <i>Boonsboro</i>		
Name of person giving information <i>Geo. Houpt</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Pneumonia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. J. Smith</i>	
<i>9</i>		Address <i>Boonsboro</i>	
		<i>Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Stone Wall Jackson		Town Hyattsville		County Washington		State MARYLAND	
Died at Hyattsville		Month 9		Day 17		Years 6	
Date of death 1907		Month 9		Day 17		Years 6	
Sex Male		Color or Race Colored		Birth-place Va		Months —	
Occupation Child		Where Residing if not at place of death —		Days —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Archie Jackson		Father's Birthplace Va					
Mother's Maiden Name Emily Grey		Mother's Birthplace Va					
Name of person giving information Emily Brown		How related to deceased mother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long ?
Immediate	Exhaustion	How long ?
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Victor Smith
		Address 1143 2nd.
Accident or Suicide?	no	

Halfway,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Logansport</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death 90 <i>7</i>		Month <i>9</i>		Day <i>16</i>	
Age <i>20</i>		Years <i>20</i>		Months <i>—</i>	
Days <i>—</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Saddler</i>		Birth place <i>md</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Lewis P Kaetzel</i>		Father's Birthplace <i>md</i>		Mother's Birthplace <i>md</i>	
Mother's Maiden Name <i>Laura M. Pouch</i>		How related to deceased <i>Father</i>		Name of person giving information <i>Lewis Kaetzel</i>	

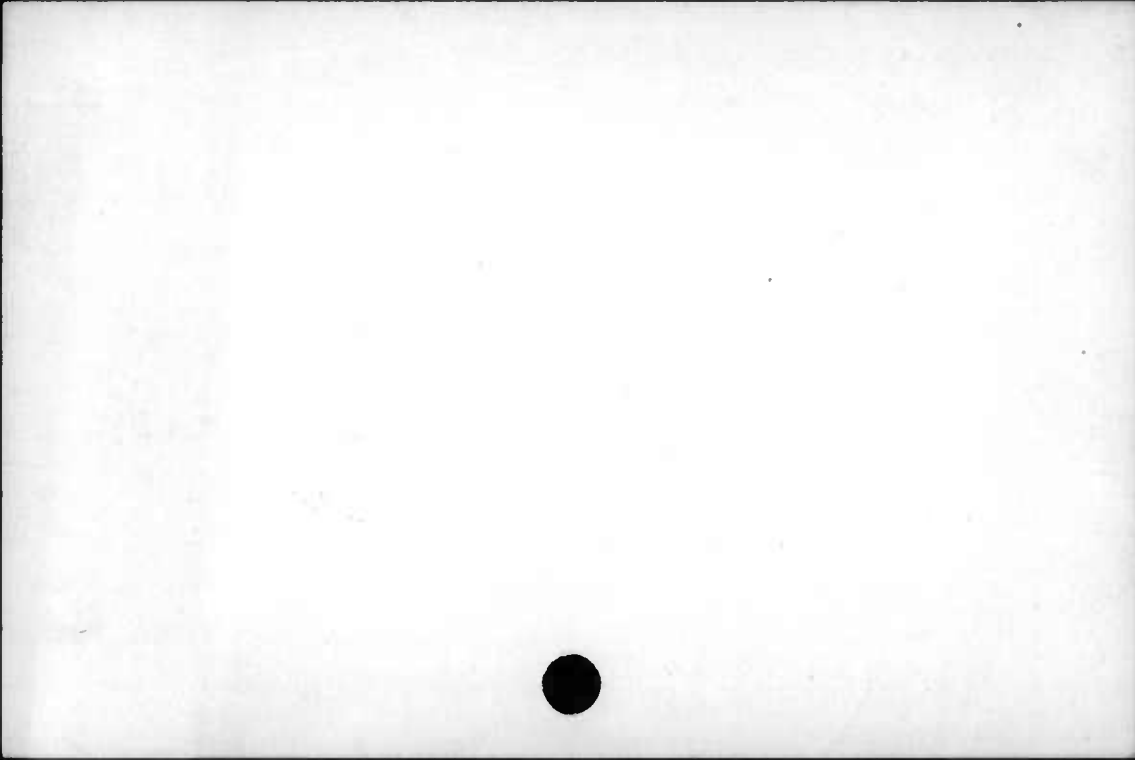
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Free from building</i>	How long <i>166</i>	How long <i>Five hours</i>
Immediate <i>Internal hemorrhage</i>	How long <i>Few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician	Address
Accident or Suicide? <i>—</i>	<i>Chas. B. Boyle M.D.</i>	

Coffman
Sept. 16

Name in Full		Bessie Kemp				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fairplay		Hatch		MARYLAND		
	Date of death	1907	Month	Sept	Day	30	Age	31
	Sex	Female		Color or Race	White		Birth-place	Sharpsburg, Md.
	Occupation	Housewife		Where Residing if not at place of death		Fairplay Md.		
	Married, Single or Widowed	Single		Name of Wife or Husband		Unmarried		
	Father's Name	James Kemp		Father's Birthplace		Md.		
	Mother's Maiden Name	Sarah Shafer		Mother's Birthplace		Md.		
Name of person giving information	James Kemp		How related to deceased		Father			
<div>CAUSES OF DEATH</div> <div>27</div>								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	1 yr (B)	
	Immediate	Exhaustion				How long	2 weeks	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
Accident or Suicide?				V. M. Reichard Fairplay.				



Name
in
Full

Nettie Bell Kidwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

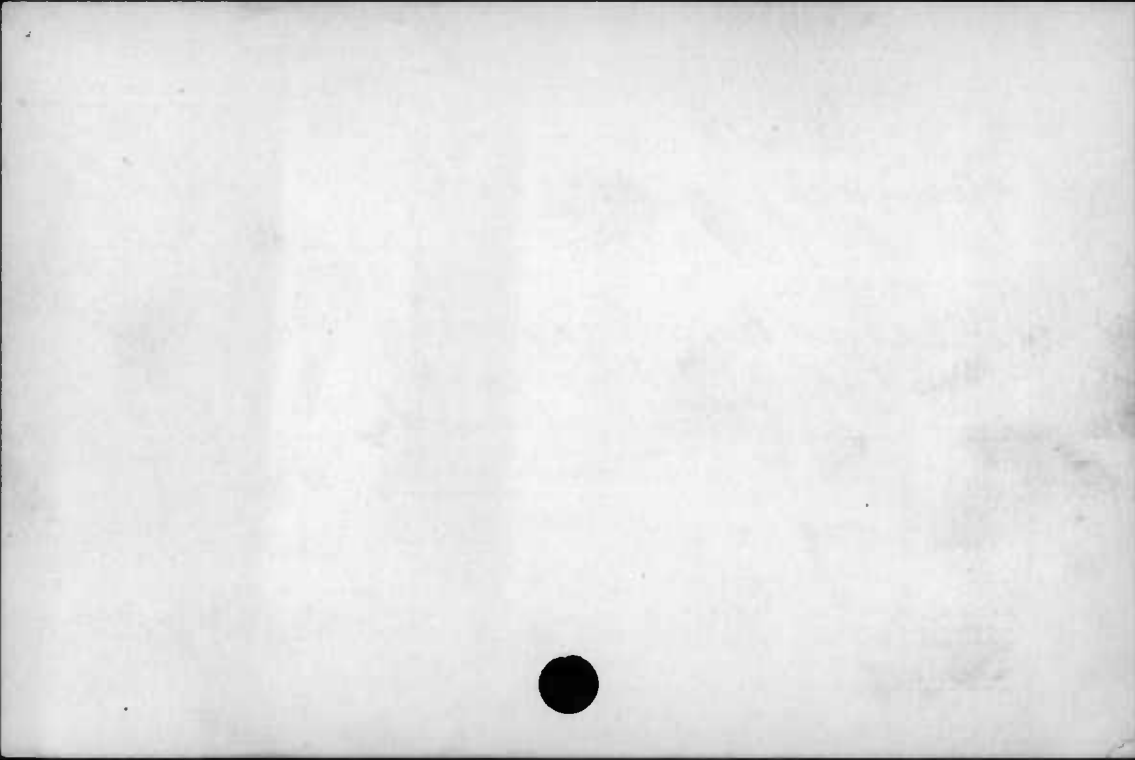
Died at <i>Keepsville</i>		Town <i>Keepsville</i>		County <i>Washington</i>		MARYLAND	
Month	Day	Age	Years	Months	Days		
Date of death <i>1907</i>	<i>Sept?</i>	<i>8</i>	<i>19</i>	<i>9</i>	<i>22</i>		
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Virginia</i>					
Occupation <i>child</i>	Where Residing if not at place of death <i>Keepsville</i>						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name <i>James Kidwell</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>Mary Cooper</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>Geo. Kidwell</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Heart Disease & Dropsy</i>	How long <i>Five years,</i>
Immediate <i>Pulmonary Apoplexy</i>	How long <i>two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. B. Ranson M.D.</i>
	Address <i>Harpers Ferry W Va</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Miss O P & Kuode</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Sept</i>		Day <i>30</i>		Age <i>55</i>	
Date of death <i>1907</i>		Months <i>5</i>		Days <i>5</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>Lady of Leisure</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Elias W. Kuode</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Eliza Pretzman</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Barton Kuode</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

(63)

PHYSICIAN OR CORONER	Primary <i>Chronic Spinal Myelitis</i>	How long <i>several years</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Korman</i>
	Address <i>Hagerstown</i>	
	Accident or Suicide? <i>No</i>	<i>no</i>

1825

5



4

7

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs Ellen Landis</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>Sept</i>		Day <i>26</i>		Years <i>42</i>	
Date of death <i>1907</i>		Age <i>42</i>		Months <i>7</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
Occupation <i>N. W.</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>married</i>		Name of Husband <i>Elmer Landis</i>					
Father's Name <i>Martin A. Landis</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Hannah Rue</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>Nora Landis</i>		How related to deceased <i>daughter</i>					

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of uterus</i>		How long <i>2 years</i>	
Immediate <i>Exhaustion (chlorosis)</i>		How long <i>6 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Victor D. Smith</i>	
Address <i>Hagerstown Ind.</i>			
Accident or Suicide? <i>no</i>			

Suter

9/29

Name
in
Full

Adolph Edwin Lauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	Month <i>7</i>	Day <i>9</i>	Age <i>19</i>	Months <i>5</i>	Days <i>17</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>machinist</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Adolph Lauer</i>	Father's Birthplace <i>md.</i>		Mother's Birthplace <i>md.</i>		
Mother's Maiden Name <i>Ella Eseller</i>	Name of person giving information <i>Adolph Lauer</i>		How related to deceased <i>father</i>		

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary <i>7/4/Phia -</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Smith</i>
<i>9</i>	Address <i>Hagerstown md</i>
Accident or Suicide? <i>no</i>	

Brato md,

Name
in
Full

Leatherman, Jr.

CERTIFICATE OF DEATH

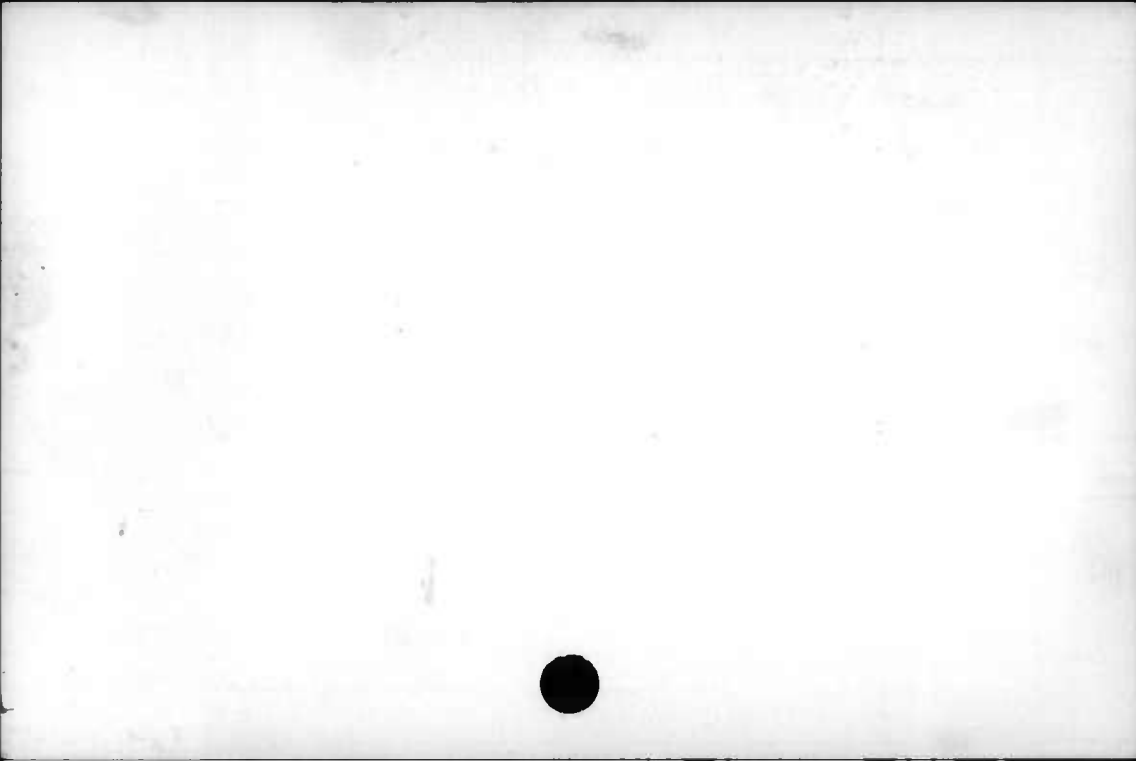
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>8</i>	Age <i>0</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Male</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Leather Leatherman</i>				Father's Birthplace <i>Male</i>			
Mother's Maiden Name <i>Mary Leatherman</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Suther Leatherman</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still-born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Killen</i>
	Address <i>Washington D.C.</i>
Accident or Suicide? <i>—</i>	<i>Pa.</i>



Name
in
Full

CERTIFICATE OF DEATH

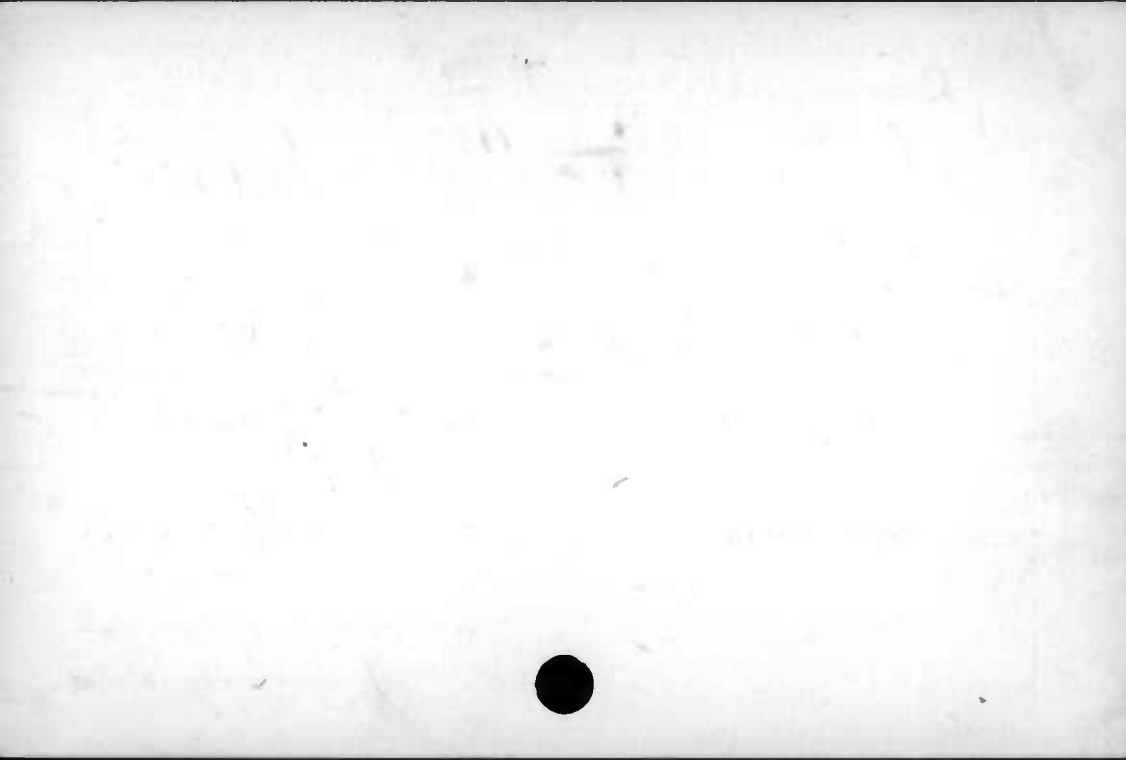
TO BE ANSWERED BY
NEAREST FRIENDState
MARYLANDDied at *Bakersville* Town *Wach* CountyDate of death *1907* Month *9* Day *30* Age *11* Years Months *28* DaysSex *Female* Color or Race *White* Birth-place *W-Briar*Occupation *None* Where Residing if not at place of death *Bakersville, Md*Married, Single or Widowed *Widowed* Name of Wife or HusbandFather's Name *Joseph Lewis* Father's Birthplace *Kendysville*Mother's Maiden Name *Josephine Lewis* Mother's Birthplace *Sandy Hook*Name of person giving information *Joseph Lewis* How related to deceased *Father*

CAUSES OF DEATH

9

PHYSICIAN
OR CORONERPrimary *diphtheria* How long *About 4 days*Immediate *diphtheria* How long *-*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *S. H. Gardner*Address *Sharpsburg Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jacob Ferdinand Maisack*

Died at *Haguetown* *Washington* County *MARYLAND*

Date of death *1907* *9* Month *24* Day *72* Years *4* Months *13* Days

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lydia Ellen Swinger*

Father's Name *Leonard Maisack* Father's Birthplace *Germany*

Mother's Maiden Name *Elnore Maisack* Mother's Birthplace *Germany*

Name of person giving information *Paul Maisack* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Chronic Enterocolitis with Ulcers* How long *4 weeks*

Immediate *Cardiac Failure* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *B. W. Wagoner*

Address *Haguetown, Md*

Accident or Suicide? *No*

L. M. Watkins

Sept. 26

Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs. Isabella Mangans* Town *Mangansville* County *Wash* MARYLAND

Died at *Mangansville* Date of death *1907* Month *Sept.* Day *31* Age *46* Years Months Days

Sex *female* Color or Race *white* Birth-place *Va.*

Occupation *H. W.* Where Residing if not at place of death

Married, Single or Widowed *married* Name of ~~W~~ Husband *Abraham Mangans*

Father's Name *John Light* Father's Birthplace *Va.*

Mother's Maiden Name *Margaret Shutt* Mother's Birthplace *"*

Name of person giving information *Abraham Mangans* How related to deceased *husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular disease of Heart* How long *79* *7 yr.*

Immediate *Edema* How long *1 day*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. C. R. Miller
Mason & Dixon Pa

Accident or Suicide?

No.

Broadfaring.

Name
in
Full

Chas. L. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death		190	7	Month	25	Day	2	Months	5	Days	
Sex		Male		Color or Race		White		Birth place		Sharpsburg	
Occupation				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name				Chas. M. Marshall				Father's Birthplace			Sharpsburg
Mother's Maiden Name				Ruby Hewitt				Mother's Birthplace			"
Name of person giving information				Ruby Marshall				How related to deceased			Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Insult	How long	About 2 mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. M. Garrett
		Address	Sharpsburg, Md.
Accident or Suicide?			

Res. S. Kade
undertaken

Name in Full Calvin G. Mentzer		CERTIFICATE OF DEATH			
Died at Hagerstown Town Washington County		MARYLAND			
Date of death 1907 Sept 8		Age 33		Months — Days 29	
Sex male		Color or Race white		Birth-place Penn.	
Occupation Sawyer		Where Residing if not at place of death Chambersburg, Pa.			
Married, Single or Widowed single		Name of Wife or Husband —			
Father's Name David H. Mentzer		Father's Birthplace Penn.			
Mother's Maiden Name Alice Gossard		Mother's Birthplace Penn.			
Name of person giving information DH Mentzer		How related to deceased father.			
CAUSES OF DEATH					
Primary Centrod lower legs amputation same		How long 12 hours			
Immediate Shock		How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician V. E. Miller			
Full from moving train		Address Hagerstown			
Accident or Suicide? yes. B.O.					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Waynesboro, Pa,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		9	18	Age	21		
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Matthew J. Moran		
Father's Name	Charles E. Shanley			Father's Birthplace	Md		
Mother's Maiden Name	Marcia Corbally			Mother's Birthplace	Md		
Name of person giving information	Matthew J. Moran			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exhaustion with complication	How long	24 hours
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. C. Frankham
		Address	Hagerstown Md
Accident or Suicide?			

Centerville Md,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marion L. May Moser</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>9</i>		Day <i>25</i>		Years <i>1</i>	
Date of death <i>1907</i>		Age <i>25</i>		Months <i>1</i>		Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>MD</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>May Moser</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mary Brownfeller</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i></i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>		How long <i>1 d.</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. A. Laughlin M.D.</i>	
		Address <i></i>	
Accident or Suicide? <i></i>			

L. M. Watkins
Sept. 26

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hoyentown ^{Town} Washington ^{County}
 Date of death 1907 ^{Month} 9 ^{Day} 14 ^{Age} — ^{Years} — ^{Months} — ^{Days} —
 Sex Male Color or Race White Birth-place Ind
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Murrod Murray Father's Birthplace Na
 Mother's Maiden Name Lelora Wilson Mother's Birthplace Na
 Name of person giving information Murrod Murray How related to deceased Father

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary Still Born How long —
 Immediate Still Born How long —
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician [Signature]
 Address —
 Accident or Suicide? —

138 W. Went St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ruth Elizabeth Newcomer

Died at Smithsburg ^{Town} Washington ^{County}
 Date of death 1907 ^{Month} Sept. ^{Day} 13th ^{Years} One ^{Months} 10 ^{Days} 93

MARYLAND

Sex Female Color or Race White Birth-place Pittsburg
 Occupation _____ Where Residing if not at place of death Smithsburg
~~Married, Single~~ None Name of Wife or Husband

Father's Name Keller J. Newcomer Father's Birthplace Smithsburg
 Mother's Maiden Name Cora B. Brown Mother's Birthplace 11
 Name of person giving information Keller J. Newcomer How related to deceased Father

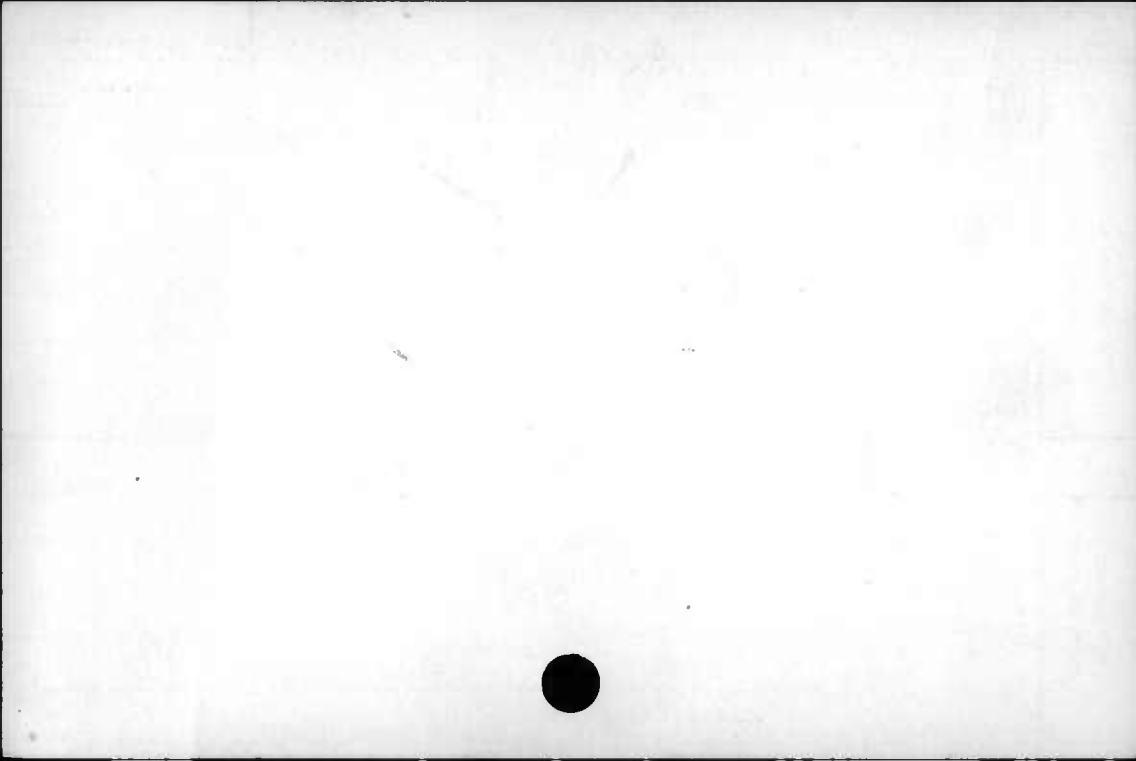
CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary Acute Ileocolitis How long 3 Days
 Immediate Exhaustion How long 3 hours

Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Dr. W. K. Kefauver
 Address Smithsburg
Maryland
 Accident or Suicide? _____



Name
in
Full

Samuel Parmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Near Hagerstown		County Washington	
Date of death		Month Sept	Day 1	Years 66	Months 6
Sex male		Color or Race white		Birth- place Lancaster Co Pa	
Occupation Farmer		Where Residing if not at place of death near Hagerstown			
Married, Single or Widowed married		Name of Wife or Husband Mary C Parmer			
Father's Name John Parmer		Father's Birthplace Lancaster Pa			
Mother's Maiden Name Mull		Mother's Birthplace Lancaster Co Pa			
Name of person giving In formation Henry Parmer		How related to deceased son			

CAUSES OF DEATH

Primary

Smility

How long

-

Immediate

Cerebral from typhoid

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John D. Miller
Hagerstown Md

Accident or Suicide?

no

Reiff. Md,

Name
in
Full

CERTIFICATE OF DEATH

Infant Patton

Town

County

MARYLAND

Died at

Clear Spring Wash

Date

of death 1907

Month

Day

Age

Years

Months

Days

Sept 20

Still Born

Sex

Male

Color or
Race

W

Birth-
place

Clear Spring

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm Patton

Father's
Birthplace

Ind

Mother's
Maiden Name

Minnie Ward

Mother's
Birthplace

Ind

Name of person giving
In formation

Wm Patton

How related
to deceased

Father

CAUSES OF DEATH

(S)

Primary

Attached Placenta

How long

Immediate

Suffocation

How long

Are the name, age, sex, color, date
and place correctly given above?

9

Signature of
Physician

E. T. Mason

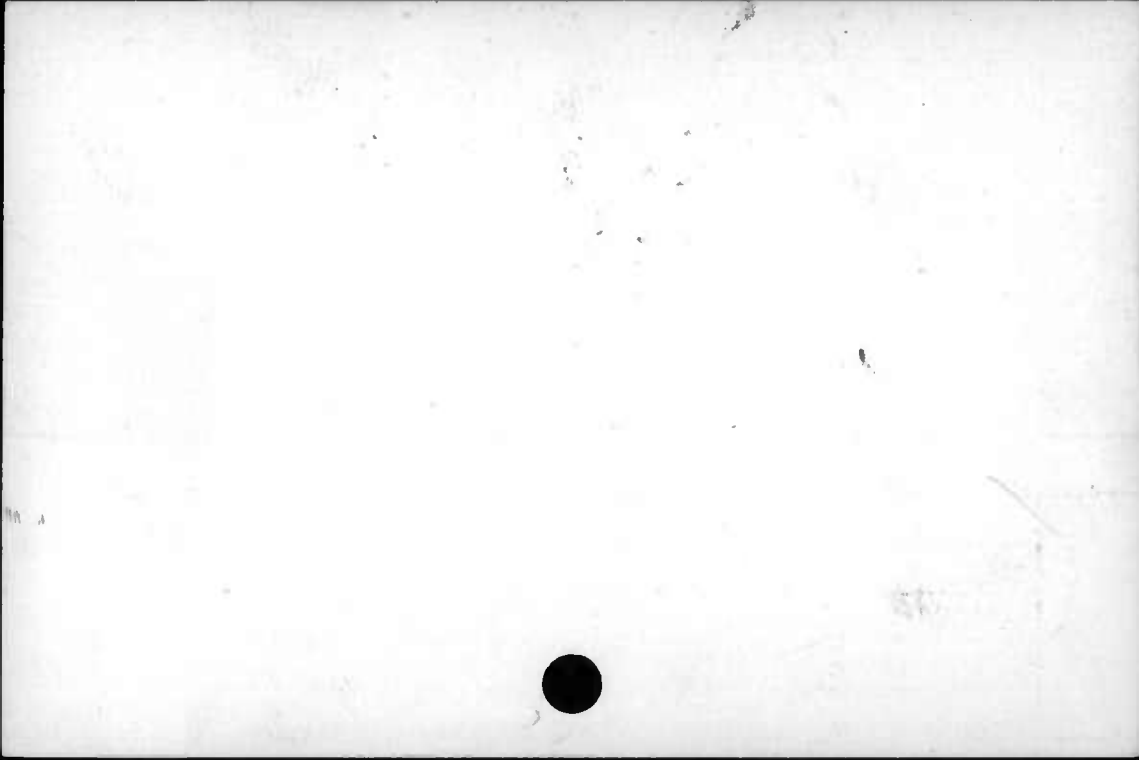
Address

Clear Spring Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

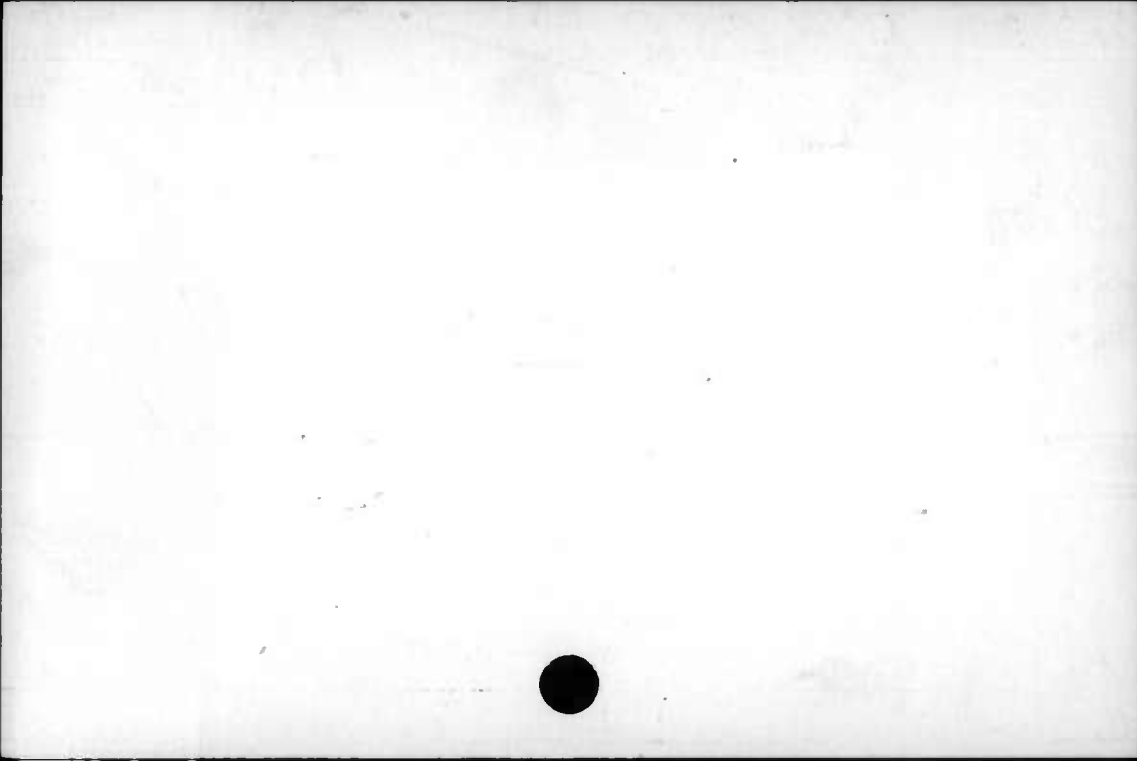
Died <i>near Bearfoss</i>		Town <i>Washington</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>22</i>	Age <i>75</i>	Years <i>7</i>	Months <i>10</i>	Days <i>10</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>near Bearfoss Md</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>David S. Pittenger</i>					
Father's Name <i>Samuel Spickler</i>			Father's Birthplace <i>Penna</i>				
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>Herman Pittenger</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>6 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. C. Miller, M.D.</i>
<i>J</i>	Address <i>Wilkesboro + Dixie Pa</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wagers town</i>		County <i>Wash.</i>		STATE <i>MARYLAND</i>	
Date of death	1907	Month	Sept	Day	26
Age	Years		Months		Days
Sex	<i>male</i>		Color of Race	<i>white</i>	
Occupation	<i>Tailor</i>		Birth-place	<i>Md.</i>	
Where Residing, if not at place of death					
Married, Single or Widowed	<i>married</i>		Name of Wife	<i>Mrs. Mary Ridenour Rauth</i>	
Father's Name	<i>George Rauth</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Dorothea Borne</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>C. W. Rauth</i>		How related to deceased	<i>brother</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>suspected Tuberculosis,</i>	How long	<i>since Sept</i>
Immediate	<i>Hemorrhage from Lungs.</i>	How long	<i>23. 1907.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>F. W. Hoffmeier</i>
		Address	<i>17 N. Washington St. Fagers town.</i>
Accident or Suicide?			

Later

9/29

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Sept	26	16	1	6	
Sex	male	Color or Race	white	Birth-place	ind.		
Occupation	Call-boy R.R.			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
Father's Name	William Rhoderizer			Father's Birthplace Md.			
Mother's Maiden Name	Mazie Garlock			Mother's Birthplace "			
Name of person giving information	Mazie Rhoderizer			How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tetanus	How long	8 days
Immediate	Exhaustion due to Convulsion	How long	Several hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		A. D. Puffer	
no		Address	
Accident or Suicide?		Hagerstown.	

Suter

9/29

Name
in
Full

Wilson Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		7	3	65	3		21
Sex		Color or Race		Birth place			
male		white		Penn.			
Occupation		Where Residing if not at place of death					
Furniture dealer							
Married, Single or Widowed		Name of Wife or Husband					
married		Mary Ann Rowe					
Father's Name		Joshua Rowe		Father's Birthplace		Penn.	
Mother's Maiden Name		Sarah Shively		Mother's Birthplace		"	
Name of person giving information		Samuel Rowe		How related to deceased		son	

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	3 yrs
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. A. N. G. W. W. W.	
Address		Hagerstown	
Accident or Suicide?		no	



Name
in
Full

John Daniel Shindle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mason Dixon		County Washington		MARYLAND	
Date of death	1907	Month Sept	Day 18	Age	Years 1	Months 0	Days 22
Sex	male		Color or Race	w		Birth-place	Franklin Pa,
Occupation				Where Residing if not at place of death of			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	William E Shindle					Father's Birthplace	Franklin Pa
Mother's Maiden Name	Alice Eschelberger					Mother's Birthplace	Wash Co, Ind
Name of person giving information	William E. Shindle					How related to deceased	father & mother

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Tuberculum Meningitis		How long	Seven days
Immediate	Coma		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician C. M. McLaughlin	
			Address Greencastle Franklin Co Pa	
Accident or Suicide?		No		

Middleburg, Md,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Shipp

Town

County

Died at

Date

1907 Sept 7

Month

Day

Age

Years

2 Working Ave

Months

Days

MARYLAND

Sex

Male

Color or
Race

white

Birth-
place

Md

Occupation

Huckster

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James Shipp

Father's
Birthplace

Pa

Mother's
Maiden Name

D K

Mother's
Birthplace

D K

Name of person giving
In formation

John A. Shipp

How related
to deceased

Nephew

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary

Cerebral Hemorrhage

How long

10 hrs

Immediate

Paralysis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

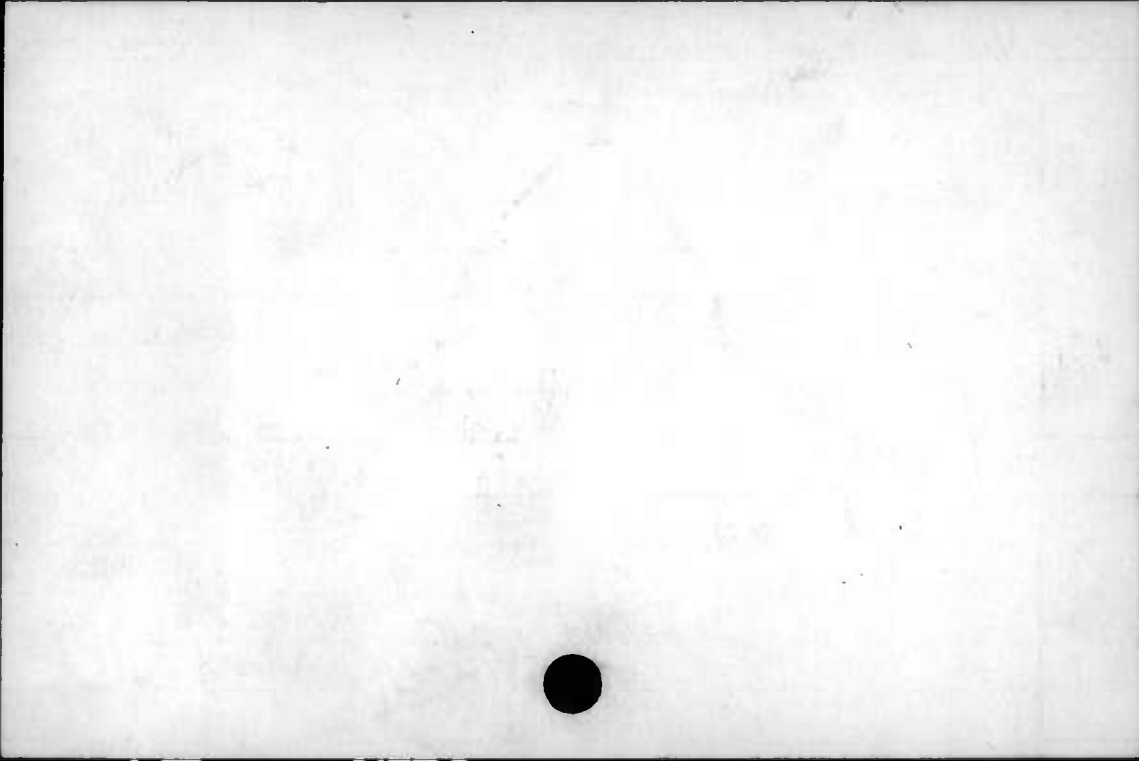
M B Morrison

Address

Hagerstown Md

Accident or Suicide?

no



Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gruncastle</u> ^{Town}		<u>Franklin Co</u> ^{County}		<u>Pa.</u> ^{MARYLAND}	
Date of death	<u>1907</u>	Month	<u>Sept</u>	Day	<u>9</u>
Age	<u>7</u>		Years	Months	<u>7</u>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Pa.</u>
Occupation	<u>chert</u>		Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Bruce M. Shrade</u>			Father's Birthplace	<u>Pa.</u>
Mother's Maiden Name	<u>Ann B. Bowser</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>E. W. Palmer, M.D.</u>			How related to deceased	<u>None</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>3 days</u>
Immediate	<u>convulsions</u>	How long	<u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. W. Palmer, M.D.</u>
		Address	<u>Gruncastle Pa.</u>
Accident or Suicide?	<u>No</u>		

Bakersville, Md,

Name
in
Full

Margaretta Slinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Wash.		MARYLAND	
Date of death		1907	Month Sept	Day 21	Age 85	Years	Months 4
Sex Female		Color or Race White		Birth place Mount Alto Pa.			
Occupation Retired Housewife		Where Residing if not at place of death		X			
Married, Single or Widowed		Name of Wife or Husband		Henry Slinger			
Father's Name Henry Rhodenizer		Father's Birthplace		Baltimore			
Mother's Maiden Name Mary Carson		Mother's Birthplace		Frederick Md			
Name of person giving information Anthony Slinger		How related to deceased		Son			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Old age	How long
Immediate	Paralysis	How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		Dr J T Leshin
Address		Williamsport Md
Accident or Suicide?		

212



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

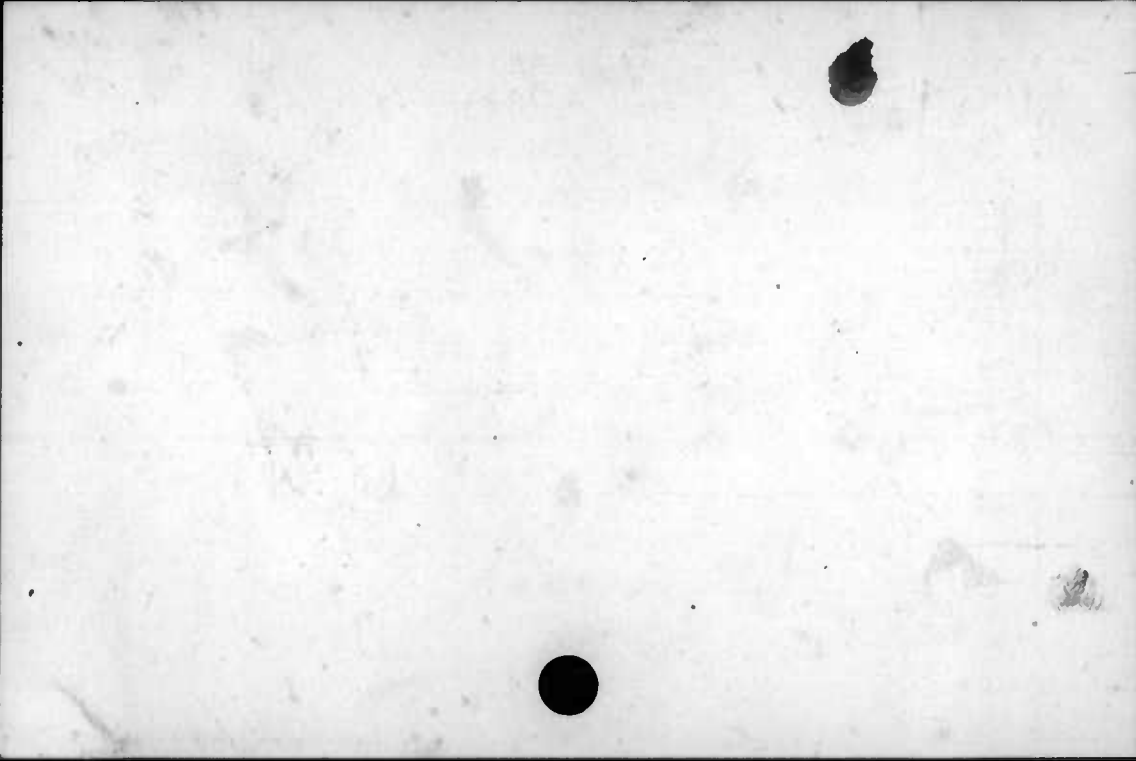
Name in Full <i>Ann Elizibeth Snyder.</i>		Town <i>Clearspring</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Clearspring</i>		Month <i>9</i>		Day <i>4</i>		Years <i>74</i>	
Date of death <i>1907</i>		Month <i>9</i>		Day <i>4</i>		Age <i>74</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Clearspring.</i>		Months <i>4</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Clearspring.</i>		Days <i>29</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Wm. B. Snyder</i>		Father's Name <i>George Grosh.</i>		Father's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>Catherine Fisher.</i>		Name of person giving information <i>Leonard P. Snyder.</i>		Mother's Birthplace <i>unknown</i>		How related to deceased <i>Son.</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage.</i>		How long <i>Sudden</i>	
Immediate <i>Paralysis</i>		How long <i>Complete, immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. T. Perry</i>	
Address <i>Clearspring Md.</i>			
Accident or Suicide? <i>No</i>			



Name
in
Full

Nellie Alice Spruecher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

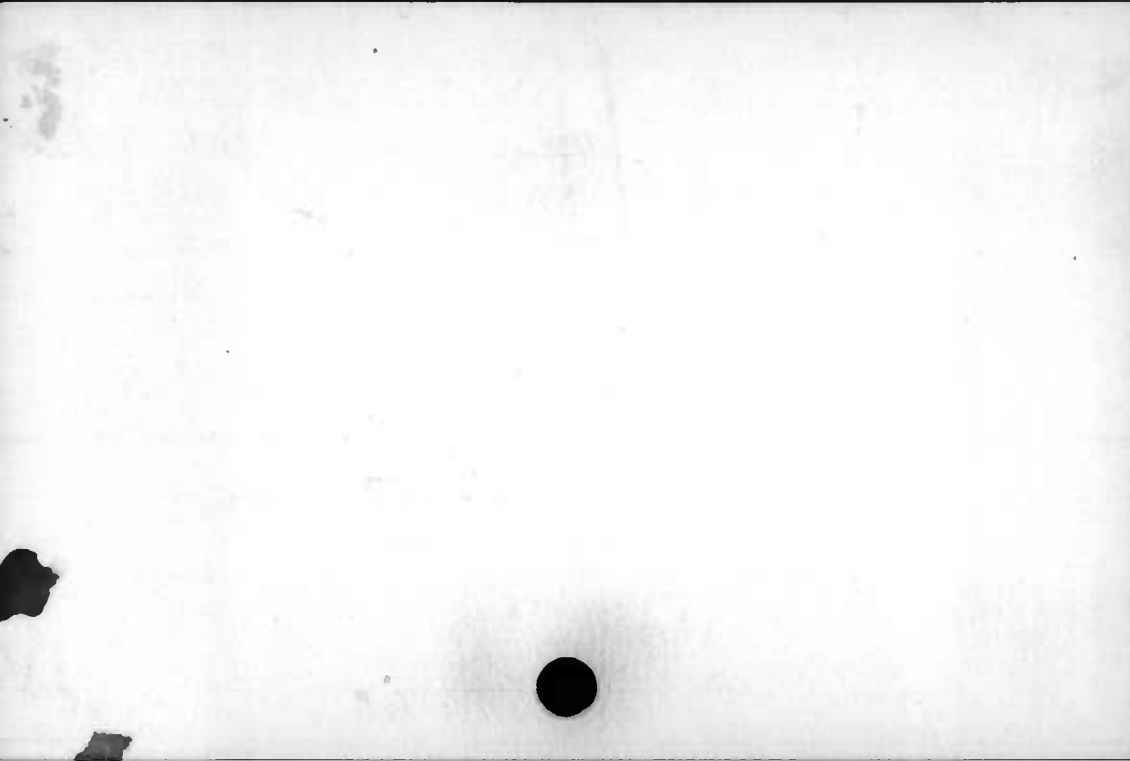
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		9	14	19	3	15	
Sex	Female		Color or Race	White		Birth-place	Md
Occupation	School mistress			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm Spruecher				Father's Birthplace	Md	
Mother's Maiden Name	Emma E. Kreibitz				Mother's Birthplace	Md	
Name of person giving information	Wm Spruecher				How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Abdominal trouble		How long	one yr
Immediate	Exhaustion		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		E. J. Markham		
Address		Hagerstown Md		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John H. Stackslager*

Town *Leiterburg* County *Washington*

Died at *Leiterburg*

Date of death *1907* Month *9* Day *27* Age *69* Years Months *2* Days *29*

Sex *Male* Color or Race *White* Birth-place *Yorkstown*

Occupation *Labon* Where Residing if not at place of death *Leiterburg*

Married, Single or Widowed *Widower* Name of Wife or Husband *John H. Stackslager*

Father's Name *Conrad Stackslager* Father's Birthplace *Yorkstown*

Mother's Maiden Name *Rebecca Longmire* Mother's Birthplace *Berranda*

Name of person giving information *William Stackslager* How related to deceased *Son*

CAUSES OF DEATH

158

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

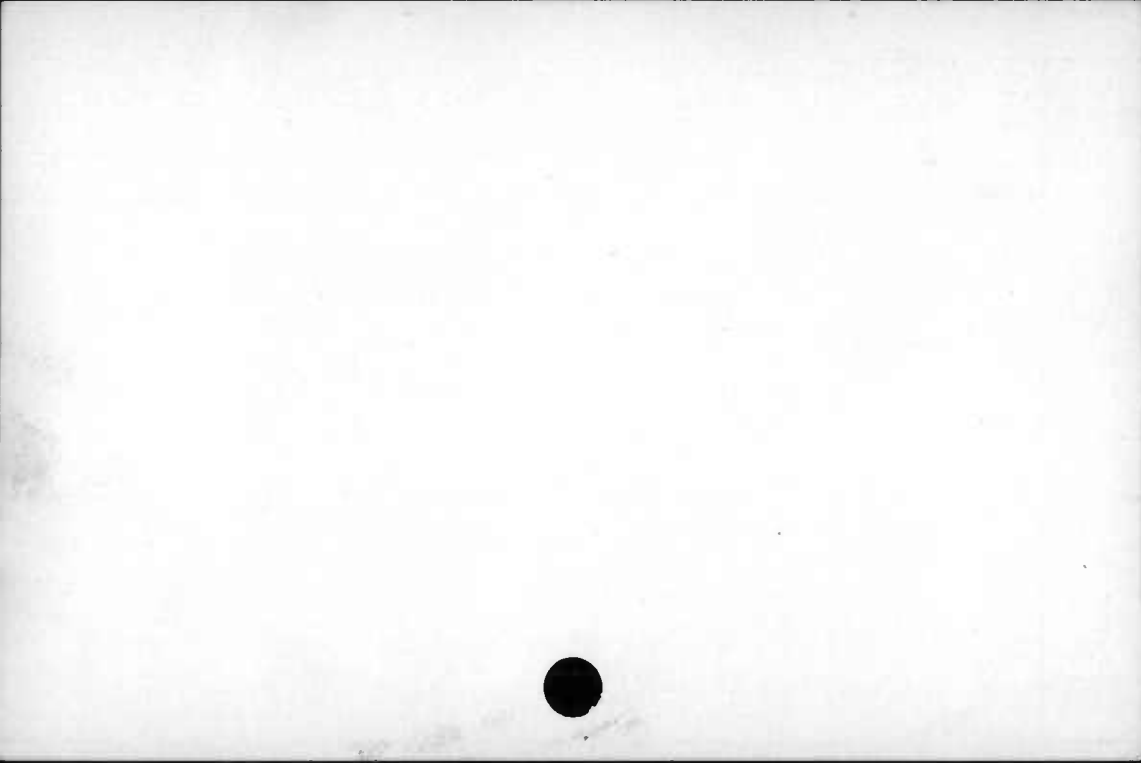
Signature of Physician

Address

*J. H. Ferguson Sub
Registrar*

Accident or Suicide?

Smithsburg Washington Co Md



Name

In Full

Unmarried child of John & Ella Stonebraker

CERTIFICATE OF DEATH

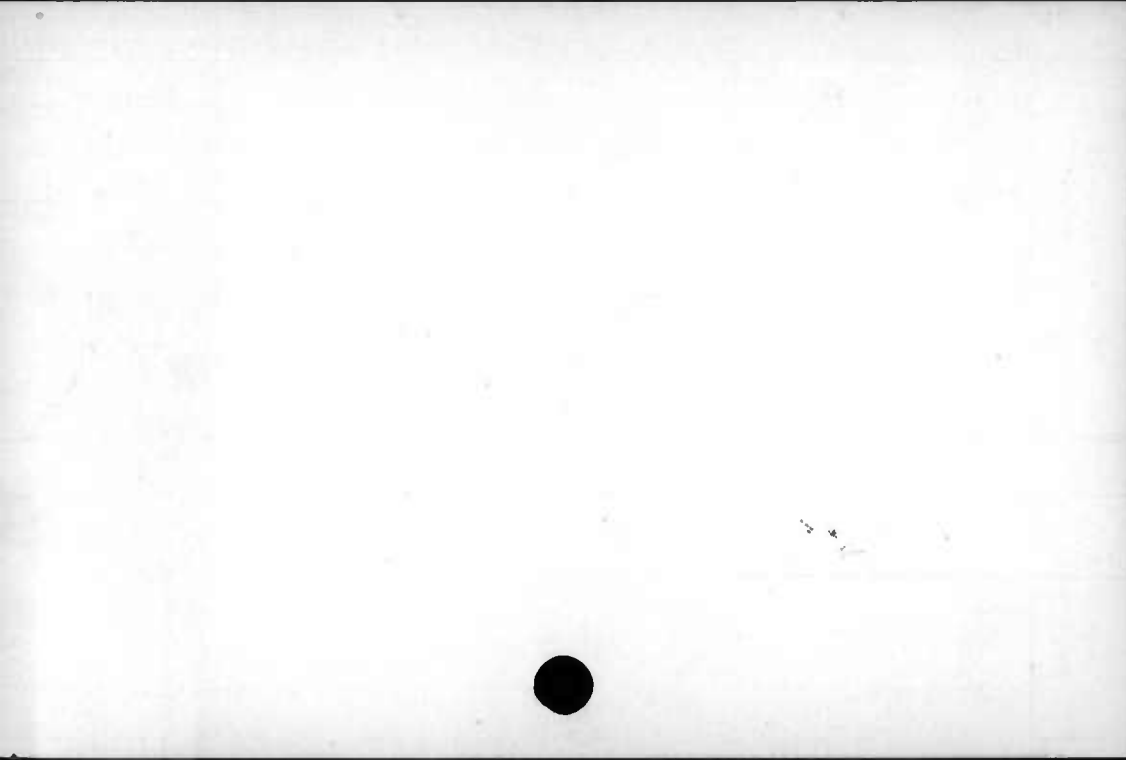
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>9</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>ind.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John E. Stonebraker</i>		Father's Birthplace <i>ind.</i>			
Mother's Maiden Name <i>Ella Hinsman</i>		Mother's Birthplace <i>Conn.</i>			
Name of person giving information <i>J. E. Stonebraker</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Formaldehyde</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Graham</i>
<i>9</i>	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Unmarried child of John E. Stonebraker Ella Stonebraker
 Died at *Shagerstown* Town *Wash.* County *MARYLAND*
 Date of death 1907 *9* Month *2* Day *1* Age *1* Years *1* Months *1* Days
 Sex *female* Color or Race *white* Birthplace *ind.*
 Occupation *—* Where Residing if not at place of death *—*
 Married, Single or Widowed *single* Name of Wife or Husband *—*
 Father's Name *John E. Stonebraker* Father's Birthplace *ind.*
 Mother's Maiden Name *Ella Hinman* Mother's Birthplace *Conn.*
 Name of person giving information *J. E. Stonebraker* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Purpuration* *151* How long *—*
 Immediate *Exhaustion* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *E. J. M. American*
 Address *—*
 Accident or Suicide? *2*

C. M. Suter & Son

Name
In
Full

Eva E Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

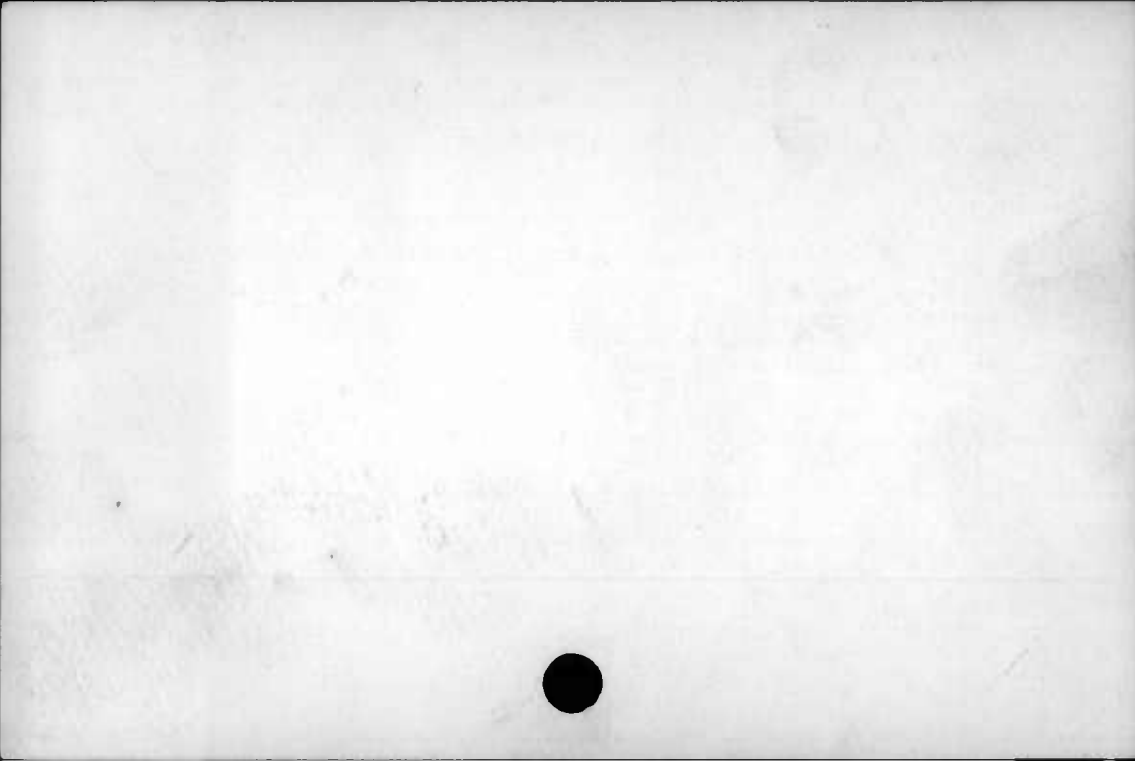
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	30	Sill' Born			
Sex		Color or Race		Birth-place			
Female		White		Williamsport			
Occupation				Where Residing if not at place of death			
Child							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Frank Thomas				Father's Birthplace	
						Koonsville Md.	
Mother's Maiden Name		Jennie Polleyfield.				Mother's Birthplace	
						Knoxville Md.	
Name of person giving information		Frank Thomas				How related to deceased	
						Father	

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	Prolonged labor	How long	48 hours
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Ernest W. Gauthier, M.D.	
		Address	
		Williamsport Md.	
Accident or Suicide?			



Name
in
Full

Garraatt H. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sharpsburg</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>7</u> <small>Month</small>	<u>21</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u> </u> <small>Months</small>	<u>2</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Sharpsburg</u>
Occupation	<u> </u>		Where Residing if not at place of death <u> </u>		
Married, Single or Widowed	<u> </u>		Name of Wife or Husband <u> </u>		
Father's Name	<u>Robert Thomas</u>		Father's Birthplace	<u>Postertown^{md}</u>	
Mother's Maiden Name	<u>Elsie Bender</u>		Mother's Birthplace	<u>Sharpsburg</u>	
Name of person giving information	<u>Elsie Thomas</u>		How related to deceased	<u>Mother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Congenital Heart Disease</u>	How long	<u>Two days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>E. M. Gantt</u>
		Address	<u>Sharpsburg, Md</u>
Accident or Suicide?			

Chas. S. Wade
undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annice Walker*

Died at *Hagerstown* Town *Washington* County *MARYLAND*

Date of death *1907* Month *9* Day *15* Age *60* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Md*

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Allen Walker*

Father's Name *Isaac Brown* Father's Birthplace *Md*

Mother's Maiden Name *Don't know* Mother's Birthplace *D. K.*

Name of person giving information *Allen Walker* How related to deceased *Husband*

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary *Mitral Regurgitation* How long *Five years*

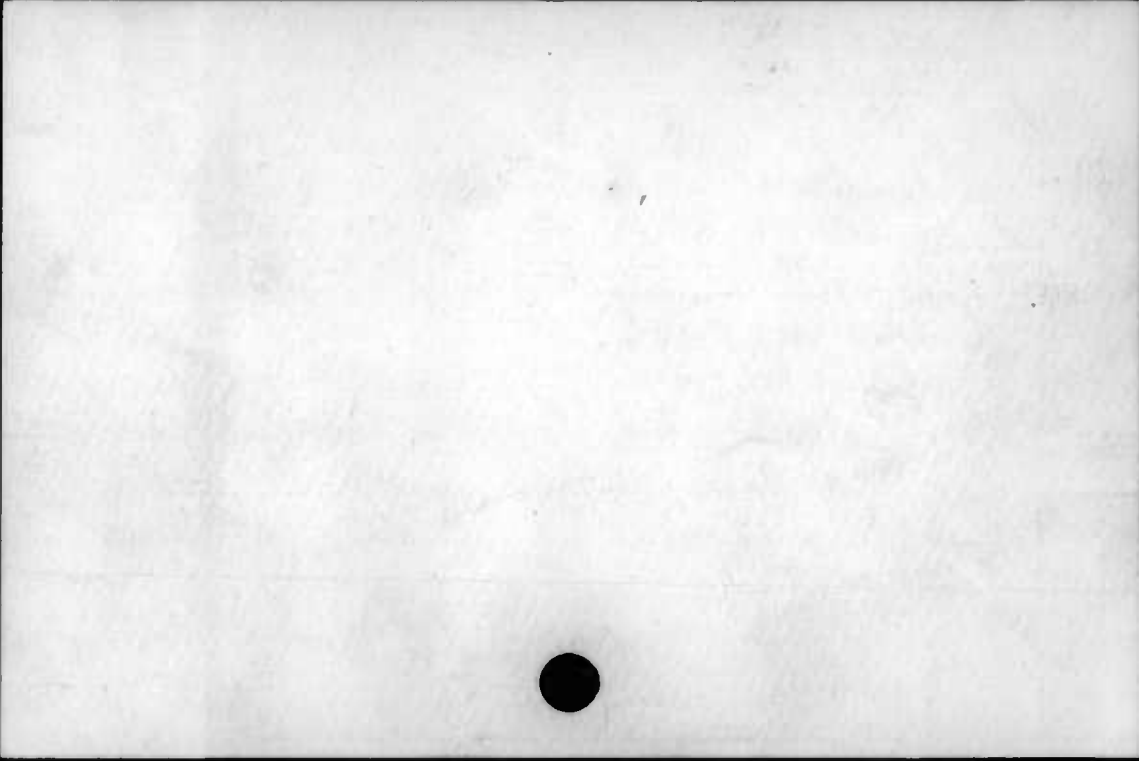
Immediate *Dropsy & Cardiac Asthma* How long *Six weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. Lora S. Kirby*

Address *Hagerstown Md.*

Accident or Suicide? *—*



Name
in
Full

Mary Virginia Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hagerstown</i>		^{County} <i>Washington</i>		MARYLAND	
Date of death	1907	Month	9	Day	24
Age	28	Years	10	Months	2
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	House work		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <i>George Miles</i>			
Father's Name	<i>Charles Munder</i>			Father's Birthplace	Md
Mother's Maiden Name	<i>Augusta Warden</i>			Mother's Birthplace	Md
Name of person giving information	<i>George Miles</i>			How related to deceased	Husband

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<i>Phagocytosis Septicemia</i>	How long	<i>6 days</i>
Immediate	<i>Phagocytosis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. S. Mearns</i>
		Address	<i>Hagerstown Md</i>
Accident or Suicide?	<i>—</i>		

Alford

Sept. 16

Name
in
Full

Mardie Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nyentown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	8
Age	20	Years	9	Months	—
Sex	Female	Color or Race	Colored	Birth-place	Na
Occupation	Domestic		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Shack Williams			Father's Birthplace	Na
Mother's Maiden Name	Mary Spragg			Mother's Birthplace	Na
Name of person giving information	Mary Williams			How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>8 weeks</i>
Immediate	<i>abscess of brain</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Allen B. Wilson M.D.</i>
		Address	<i>302 - N. Jonathan St.</i>
Accident or Suicide?	<i>no</i>		

Coffman - Sept. 9

Name
in
Full

Lydia Zittle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Zittlestown		County Washington		MARYLAND	
Date of death		1907	Month Sept.	Day 8	Age 80	Years —	Months —
Sex Female		Color or Race White		Birth-place Maryland			
Occupation House - wife		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Widow		Name of Wife or Husband Samuel Zittle					
Father's Name Henry Much		Father's Birthplace Maryland					
Mother's Maiden Name Mary Morgan		Mother's Birthplace Maryland					
Name of person giving information Arthur Zittle		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsy	How long	2 years.
Immediate	Changrene	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Hubert Modes, M.D.
		Address	Baltimore.
Accident or Suicide?	No		Maryland

